



Fee-For-Service Getting Started Guide for Claiming

Version 2.0

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Overview

Overview

As a Fee-For-Service Network Provider with the Los Angeles County Department of Mental Health, you are responsible for submitting claiming information to the Department. This is a step-by-step guide to show you how to check eligibility and/or submit claims for specialty mental health services for your Medi-Cal beneficiaries using the Direct Data Entry (DDE) or the Electronic Data Interchange (EDI) process.

If you have not done so, you must apply for a SecurID card in order to get access to the Integrated System (IS), which is where you will be entering your eligibilities and claims.

To apply for your SecurID card for the DDE process, go to the following Internet Address: <http://dmh.lacounty.gov/hipaa/index.html>. Once on the website, click on the “FEE-FOR-SERVICE PROVIDERS” tab then locate the “IS Forms” link on the left side of the screen. The DDE Application Processing Checklist gives you a list of forms that you will need to complete to get your SecurID card and access to the IS.

To apply for your SecurID card for the EDI process, go to the following Internet Address: http://lacdmh.lacounty.gov/hipaa/ffs_EDI_Secure_File_Transfer.htm. Once on the website, click on the link to the left side of the page “EDI Forms and System Access Forms.” The EDI Application Processing Checklist gives you a list of forms that you will need to complete to get your SecurID card and obtain access to the IS via EDI.

The following items will assist you with the claiming process after you have received your SecurID card:

- Network Provider Manual, 5th edition, 2014
http://lacdmh.lacounty.gov/hipaa/documents/Network_Provider_Manual_5th_Edition_July_2014.pdf
- A Guide to Procedure Codes for Claiming Specialty Mental Health Services
http://file.lacounty.gov/dmh/cms1_159845.pdf
- DSM IV to ICD-9 Crosswalk
http://dmh.lacounty.gov/hipaa/downloads/IS_DIAG_CODES_TABLE_FOR_FFS.pdf
- DSM IV to ICD10 Crosswalk
http://lacdmh.lacounty.gov/hipaa/documents/DRAFT_DSMIV_to_ICD10_Crosswalk_6-26-15.pdf
- 837P 5010 Companion Guide v. 1.8
http://lacdmh.lacounty.gov/hipaa/mytemplate/837P_5010_Companion_Guide.pdf
- Subscriber or Client Information
- Prior Authorization, Treatment Authorization Request or Referral Number (if applicable)
- Coordination of Benefits (COB) Payer Paid Amount (if applicable)

How to Log-on to the Integrated System

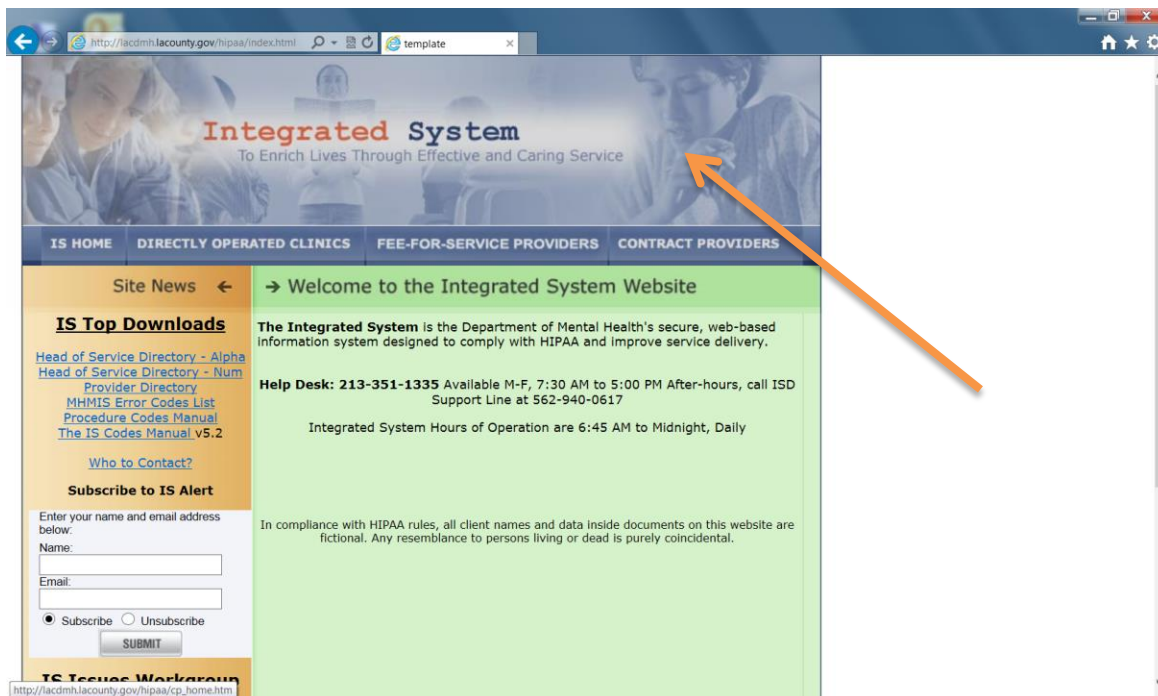
How to Log-on to the Integrated System

Integrated System (IS) Log-on Procedures for RSA SecurID card Users

Internet Address:

The direct route to the Integrated System is via the following website:

<http://lacdmh.lacounty.gov/hipaa/index.html>



Click in the area that says Integrated System. The Log-on screen will appear.

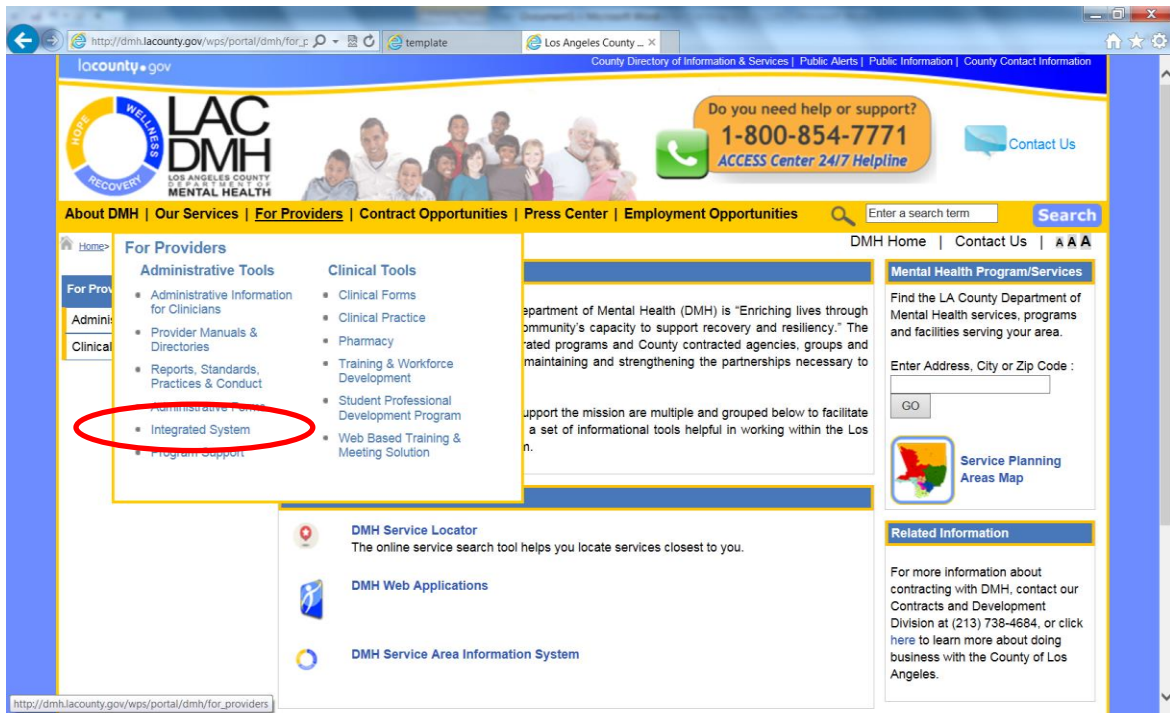
(See page 10 for Log-on instructions)

Another way to access the Integrated System is via the DMH Home page.

<http://dmh.lacounty.gov/>

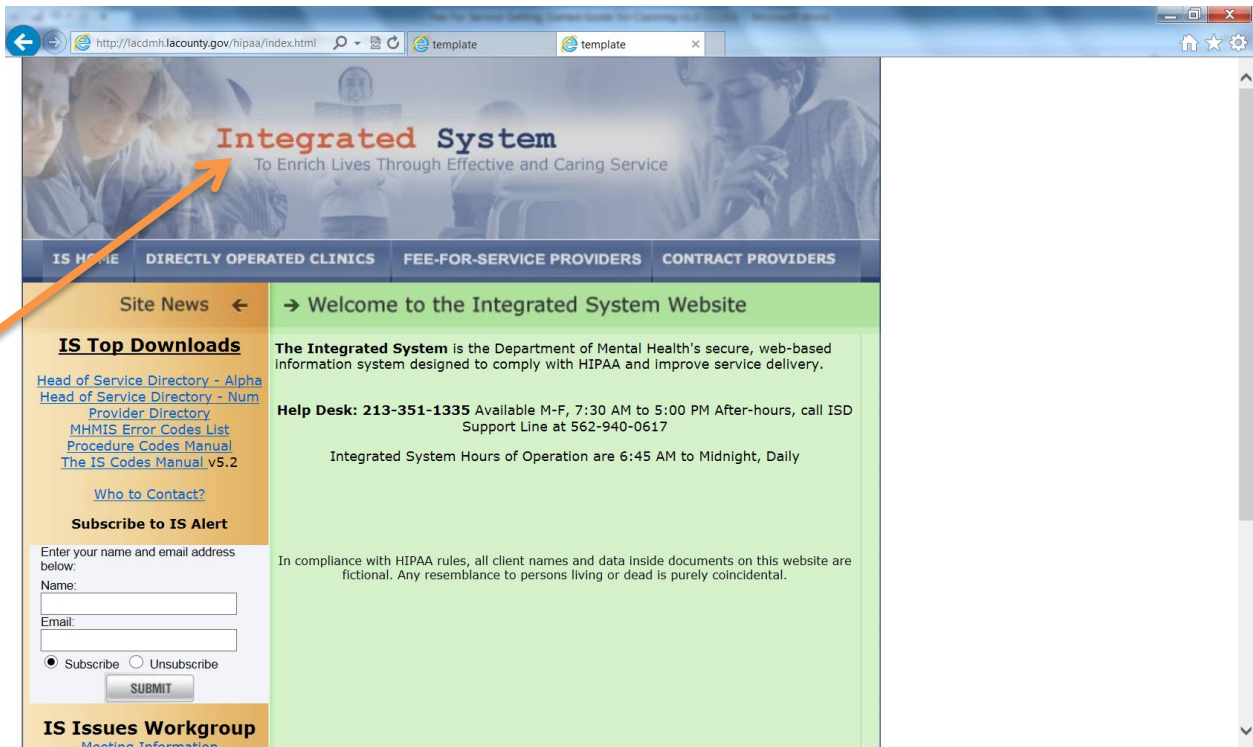


Hover over the “For Providers” link.



Select the “Integrated System” link from the Administrative Tools menu.

The following screen will appear.



Click in the area that says “Integrated System.” The Log-on screen will appear.

Los Angeles County
Logon ID and Passcode Request
(RSA Authentication Manager 6.1)

Access to this protected resource requires RSA SecurID Token authentication.

These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse actions. Unauthorized users may be subject to criminal prosecution. **By continuing, you agree to these terms.**

Logon ID:

Passcode:
Your Passcode is your PIN + the number displayed on your token (the Tokencode).

YOU MUST THEN ESTABLISH A NEW PIN ABOVE...

Logon ID:

This will be the Provider's "C" number. Log-in will consist of a "C" and six-digits. (Example: C#####)

Passcode:

Your Passcode consists of your PIN followed by the displayed token code. This unique code plus the user's PIN is the one-time Passcode that is required for system entry.

After the initial log-in, the passcode will be: the PIN + the numbers on the SecurID card.
(Example: PIN = ##### + SecurID Card number = 234567; passcode = #####234567)

If you have any questions regarding the log-on process, please call the DMH Help Desk at (213) 351-1335.

Once you have logged in, the following screen will appear.

Home



Options

[DMH Privacy Policy](#)

[Find Client](#)

[Reports](#)

[Change Password](#)

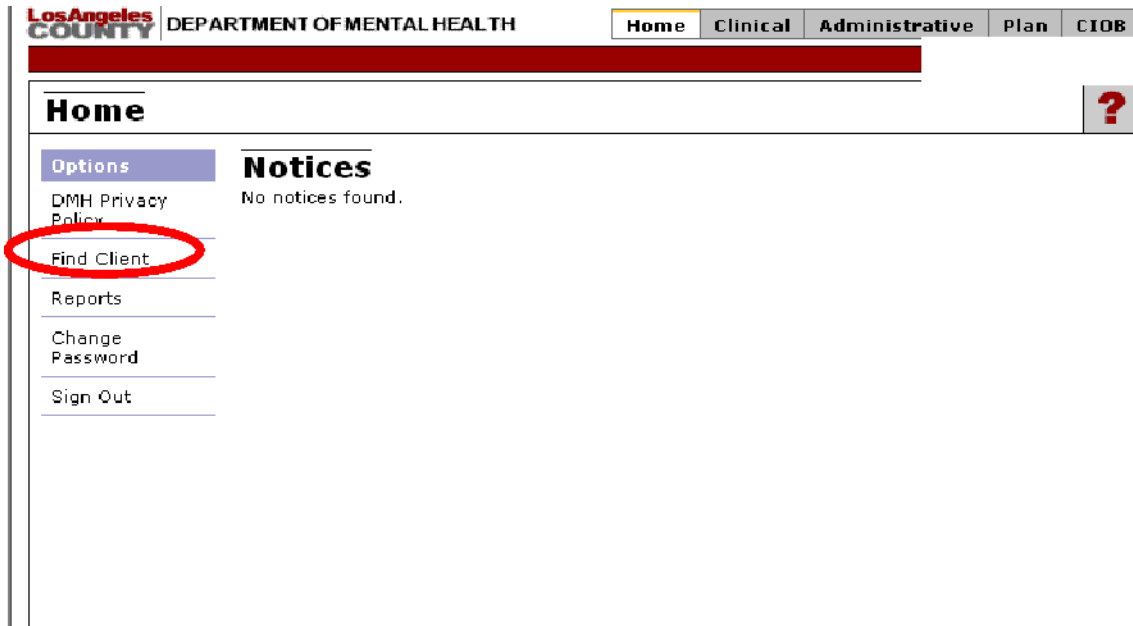
[Sign Out](#)

Notices

No notices found.

Find Client

Welcome to the Integrated System



This is the first screen that displays upon accessing the Integrated System. To initiate the claiming process, a client search must be done before adding a new client.

In order to complete a client search, you will need to go to the “Find Client” option.

As you are already on the Home module, click on Find Client.

The search criteria will display.

Find Client

Options
DMH Privacy Policy
Find Client
Reports
Change Password
Sign Out

☒ Search by ID.
Type: ID:

Clients that have previously been entered into the DMH system will have their information available here. Whether or not you are a DDE or EDI submitter, an eligibility check will need to be completed for clients not found in Find Client.

There are two ways to search for your client's information. When searching, try both options if the first option does not provide the information you are looking for.

Find Client ?

Options

- DMH Privacy Policy
- Find Client
- Reports
- Change Password
- Sign Out

☒ Search by ID.

Type: DMH ID:

☐ Search by Custom Criteria

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age:

Search **Clear**

Search by ID

Search by ID using one of the three identifiers

- **DMH**
The unique 7-digit ID given to a client the first time the client is enrolled in the system (Ex: 0123456)
- **Medi-Cal**
Each client has a Client Identification Number (CIN) that has been issued by State Medi-Cal. Medi-Cal (CIN) has 8-digits, and typically starts with a '9' and contains an alpha. (Ex: 99999999A)
- **SSN**
Every person has a specific social security number associated to them. This number must be entered in the xxx-xx-xxxx format.

The second way of searching is by Custom Criteria.

Find Client ?

Options

DMH Privacy Policy

Find Client

Reports

Change Password

Sign Out

☒ Search by ID.

Type: ID:

☐ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

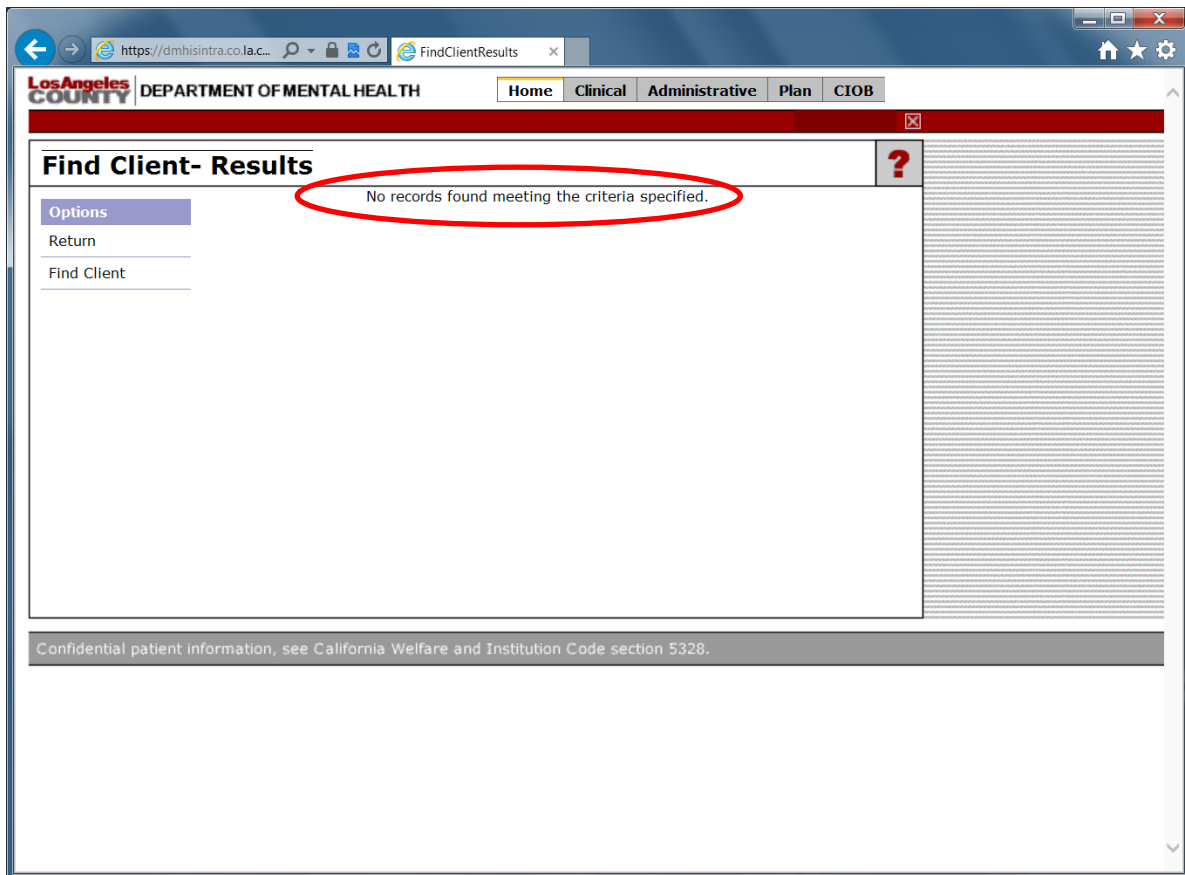
Birth Date: Or Age:

Search by Custom Criteria

Required Fields

- Last Name
- First Name
- Birth Date **OR** Age

If the client's information is not available in Find Client, you will receive the following page. Notice the message, "No records found meeting the criteria specified."

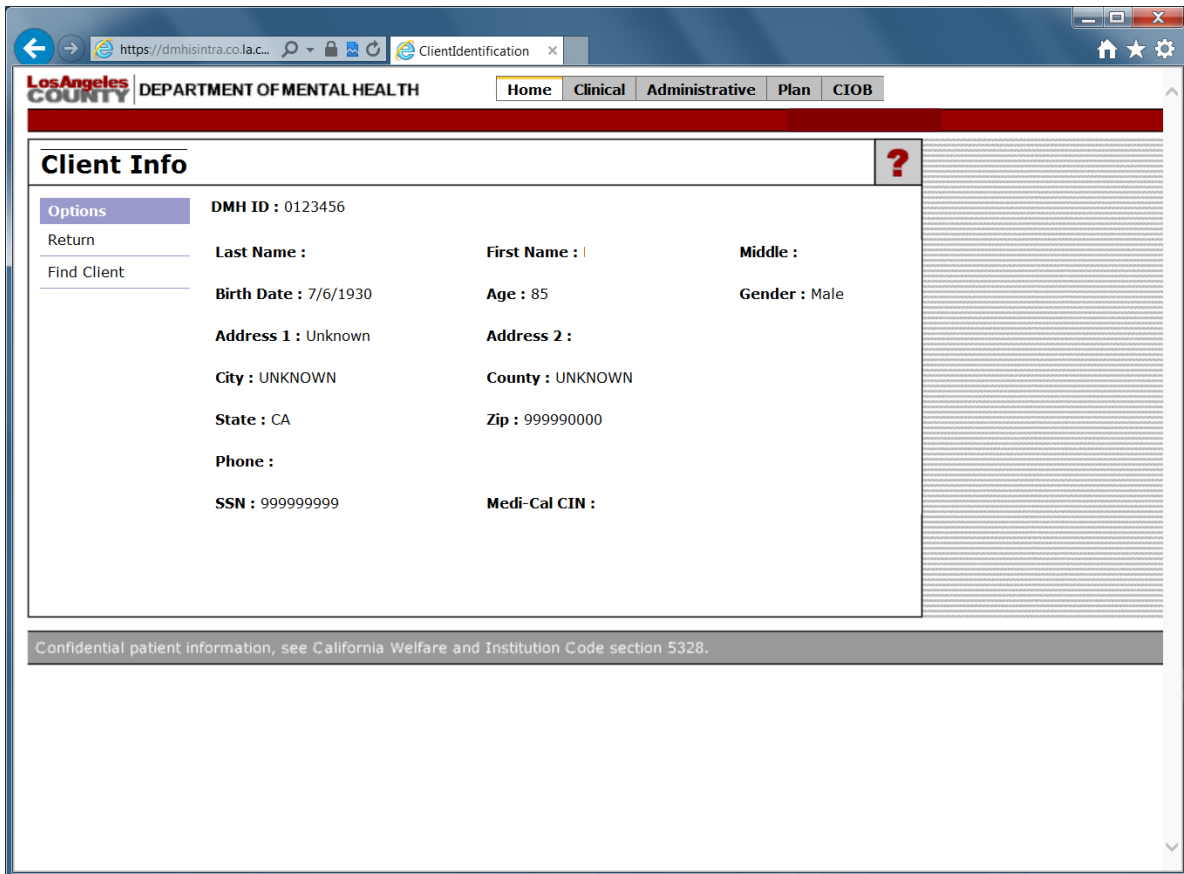


Should you receive this page, you will need to enroll the client (see "Enrolling a Client," pg. 31).

The Find Client-Results screen displays all clients that have similarities according to the information entered on the Find Client screen. Locate the client with the most commonalities (if multiple results are shown) and select the blue DMH ID next to the corresponding name. Based on the information you have for the client, you may need to update the information you see in Find Client (see “Updating Enrollment,” pg. 39).

Find Client- Results					?
Options	DMHID	Client Name	Birth Date	SSN	
Return	0123456			999999999	
Find Client	1				

The client information screen will display.



Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Client Info

Options

Return

Find Client

DMH ID : 0123456

Last Name : **First Name :** **Middle :**

Birth Date : 7/6/1930 **Age :** 85 **Gender :** Male

Address 1 : Unknown **Address 2 :**

City : UNKNOWN **County :** UNKNOWN

State : CA **Zip :** 999990000

Phone :

SSN : 999999999 **Medi-Cal CIN :**

Confidential patient information, see California Welfare and Institution Code section 5328.

If the information does not match or remotely have commonalities affiliated with the client you are working with, click “Return.” After you have clicked “Return,” you will have the information results from your initial search. If this is the information you are searching for, verify it for accuracy.

If you need to enroll or update the information for the client, you will need to go to the **Work Space**. To do so, click on the Administrative module.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical **Administrative** Plan CIOB

Client Info

Options

- Return
- Find Client

DMH ID : 0123456

Last Name :	First Name :	Middle :
Birth Date : 7/6/1930	Age : 85	Gender : Male
Address 1 : Unknown	Address 2 :	
City : UNKNOWN	County : UNKNOWN	
State : CA	Zip : 999990000	
Phone :		
SSN : 999999999	Medi-Cal CIN :	

Confidential patient information, see California Welfare and Institution Code section 5328.

The Work Space

- **The Work Space**
- **The Client Tab**
- **Filtering Data**
- **The Eligibility Screen**
- **Viewing Eligibility Status**
- **Enrolling a Client**
- **Updating Enrollment**

The Work Space

Work Space



This is the area where all claiming functions take place. The **Work Space** contains the

Options
[Change Provider](#)
[Check Eligibility](#)

Filter By:
(No Filter)
For:
(All)
Apply

Provide Feedback

Client **Claim** **Authorization** **Archive**

<u>D</u>	<u>M</u>	<u>M</u>	<u>D</u>	<u>C</u> lient	<u>P</u> rovider	<u>D</u> ate of Service	<u>A</u>
1							

following (4) tabs:

Client –

The Client tab contains a list of clients receiving services at the service location. It also displays the status of eligibility checks for a client. From this tab, the provider can access eligibility and enrollment functions, as well as, initiate claim submissions.

Claim –

The Claim tab controls the claiming process. From this tab, the provider can review claim information for submitted and incomplete claims, and check claim status.

Authorization –

For information regarding Over Threshold (OTAR) and Psychological Testing (PTAR) authorizations please log on to OTAR.NET.

Archive –

The Archive tab contains all of the completed transactions from the other tabs that have been archived for future reference. Claims and Clients (eligibility checks) that are archived remain archived for 12 months.

The Client Tab

Work Space ?

Options

Change Provider

Check Eligibility

Filter By:

(No Filter)

For:

(All)

Apply

Provide Feedback

Client

Claim

Authorization

Archive

D	M	M	O	Client	Provider	Date of Service	A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) ...

The Client tab displays a list of all clients (per provider context) along with status information on eligibility requests that have previously been submitted.

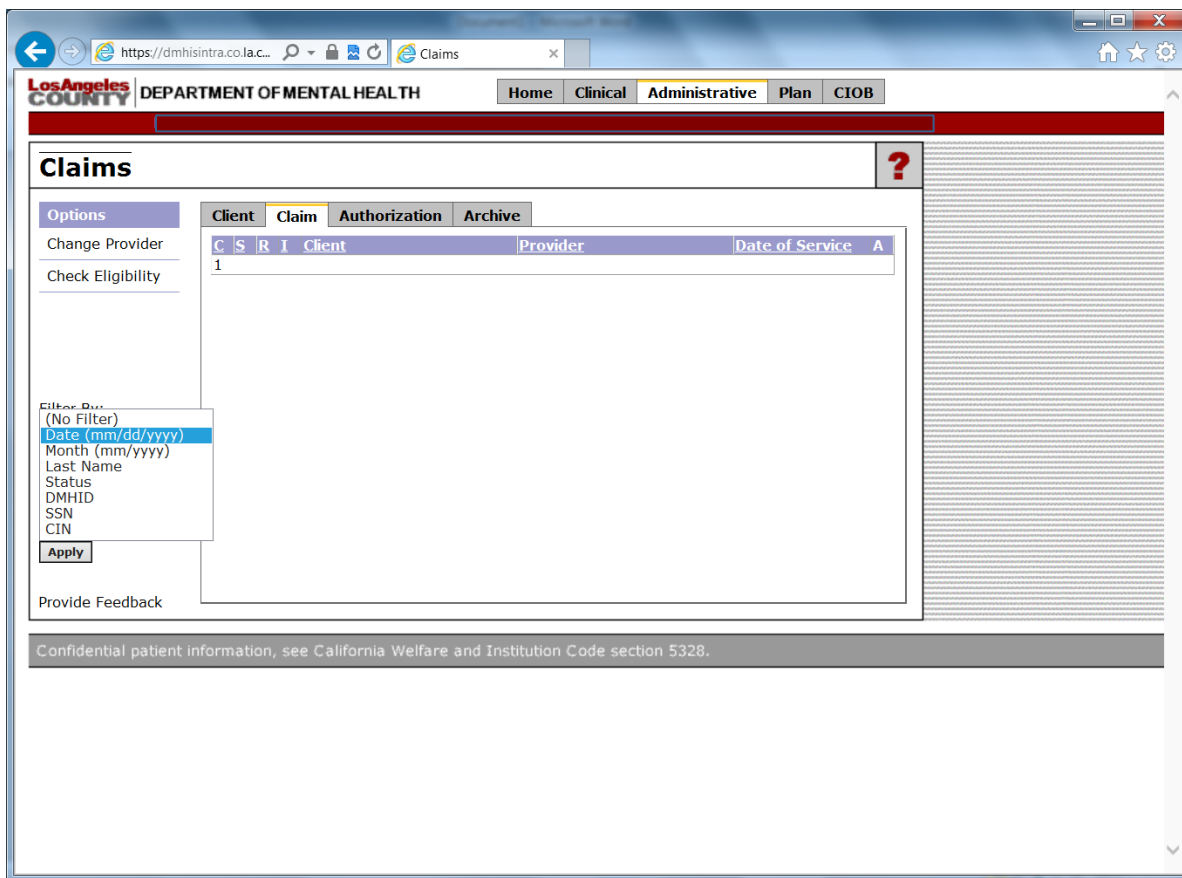
Filtering Data

The screenshot shows the 'Work Space' interface for the Los Angeles County Department of Mental Health. The top navigation bar includes 'Home', 'Clinical', 'Administrative' (highlighted), 'Plan', and 'CIOB'. The 'Work Space' header has a red question mark icon. On the left, there is an 'Options' sidebar with 'Change Provider' and 'Check Eligibility' buttons. Below these is a filter dropdown menu with the following options: '(No Filter)', 'Month (mm/ccyy)', 'Last Name', 'Status', 'DMHID', 'SSN', and 'CIN'. The 'Apply' button is at the bottom of the sidebar. The main content area has tabs for 'Client', 'Claim', 'Authorization', and 'Archive'. The 'Client' tab is active, showing a table with columns: 'D', 'M', 'M', 'O', 'Client', 'Provider', 'Date of Service', and 'A'. The table contains one row with the number '1' in the 'D' column. A 'Provide Feedback' link is at the bottom left of the main content area.

Filtering Eligibility Data

- (No Filter) – displays all client information
- Month: format (mm/yyyy)
- Last Name – enter the client’s last name in the “For” field.
- Status – when status is selected from the drop-down list, an additional drop-down list displays from which you must select
 - All – displays all data
 - Eligible – lists all clients that are DMH eligible, a green check displays in the first “D” column.
 - Ineligible – lists all clients that are not DMH eligible, a red x displays in the first “D” column.
 - Pending – lists all clients that have not received a response back from a DMH eligibility check. An open circle displays in the first “D” column.
- DMHID – enter the client’s DMHID into the “For” field.
- SSN – enter the client’s SSN into the “For” field.
- CIN – enter the client’s Medi-Cal number into the “For” field.

Click **Apply** after you have entered the required information for your filtering choice.



Filtering Claim Data

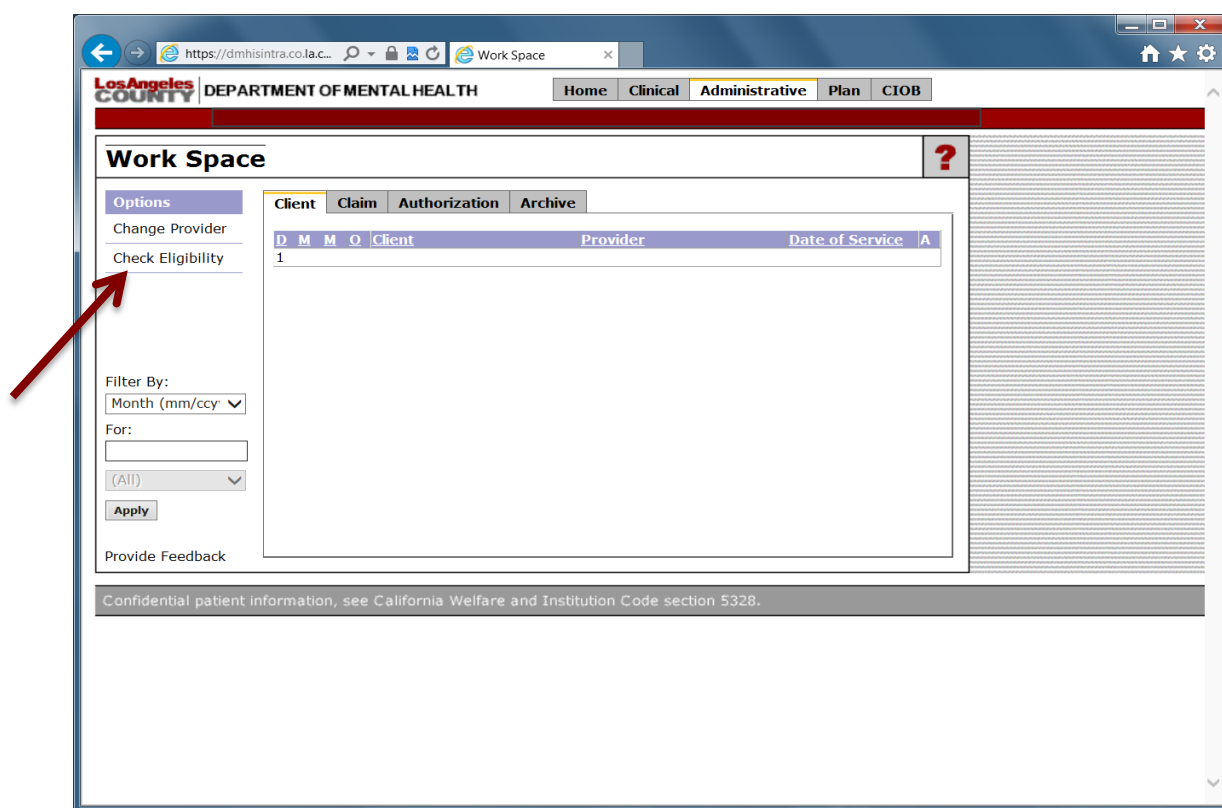
Select one of the “Filter By” options from the drop-down list:

- (No Filter)
- Date (mm/dd/yyyy)
- Month (mm/yyyy) – enter the month you wish to view into the “For” field (for example, 04/2015).
- Last Name – enter the client’s last name in the “For” field.
- Status – when status is selected from the drop-down list, an additional drop-down list displays from which you must select one of the following All, Submitted, or Unsubmitted.
- DMHID – enter the client’s DMHID into the “For” field.
- SSN – enter the client’s SSN into the “For” field.
- CIN – enter the client’s Medi-Cal number

Click **Apply** after you have entered the information for your filtering choice.

In order to determine if a client is enrolled at DMH for services, an eligibility check must be performed. An eligibility check is performed by accessing Check Eligibility from the Options list.

Note: You only need to do **ONE** eligibility check per client, per month no matter how many times in that month the client was seen. Either check eligibility for the 1st of the month or the 1st date of service for the month.



Column Headings Definitions

Column	Description
D	Eligibility Status for DMH
M	Eligibility Status for Medi-Cal
M	Eligibility Status for Medicare
Q	Eligibility Status for Other Payers
Client	Client Name
Provider	Provider Name
Date of Service	Date of Service
A	Take Action (Archive Start a Claim or Authorization Request

The Eligibility Screen

Eligibility		?
Options	Basic Eligibility Other Insurance Services	
Work Space		
First Name	<input type="text"/>	DMHID <input type="text"/>
Middle Name	<input type="text"/>	Gender <input type="text" value="UNKNOWN"/>
Last Name	<input type="text"/>	Date of Service <input type="text"/>
Address	<input type="text"/>	Date of Birth <input type="text"/>
Address 2	<input type="text"/>	
City	<input type="text"/>	
State	<input type="text"/>	ZIP <input type="text"/>
Medicare ID	<input type="text"/>	Social Security Number <input type="text"/>
Medi-Cal CIN	<input type="text"/>	Medi-Cal RIN <input type="text"/>
Medi-Cal Card Issue Date	<input type="text"/>	Medi-Cal Provider PIN <input type="text"/>
		<input type="button" value="Submit"/>

Provide Feedback

Required Fields


- First Name
- Last Name
- Gender
- Date of Service (format: mm/dd/yyyy)
- Date of Birth (format: mm/dd/yyyy)
- Medi-Cal CIN (1st 9 characters only; i.e. 000000000A)
- Social Security Number (format: xxx-xx-xxxx)
- Medi-Cal Card Issue Date (format: mm/dd/yyyy)

Once you have entered all the required information, click Submit. You will then be sent back to the **Work Space** to review status of the eligibility.


Notes:


- 1) If you do not have the SSN#, use CIN + 0 in format xxx-xx-xxxx. (If CIN is 000000000A, SSN# should be entered as 000-00-0000)
- 2) Use the DMH ID if you have difficulty getting eligibility approval. See section “Find Client” for more details on getting the DMH ID.
- 3) Always verify eligibility prior to providing services to a client.

Viewing Eligibility Status

Work Space 






























































































































Options
[Change Provider](#)
[Check Eligibility](#)

Filter By:
(No Filter) 
For:

(All) 
Apply





Provide Feedback

Client **Claim** **Authorization** **Archive**

D	M	M	D	Client	Provider	Date of Service	A
						04/25/2011	
							
							
							
							
							
							
							
							
							
							
							
							
							
							
							
							
							
							
							
							
							
							
							
							

1 [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) ...

Now you are able to determine the client's eligibility. If the client has previously been enrolled, the following applies:

-  Indicates that eligibility request has been confirmed for that payer.
-  Indicates that a response to the eligibility request has not yet been completed (Pending). An open circle under D, and green check under M, indicates a processing error with State system. Try again later if a second attempt also fails. If problem continues, contact Provider Relations at (213) 738-3311.
-  Indicates that the eligibility request has been denied for that payer.
-  Indicates an eligibility check was not done for that payer.

Enrolling a Client

Enrolling a Client

Work Space

Options

- Change Provider
- Check Eligibility

Filter By:
 (No Filter)

For:

(All)

Apply

Provide Feedback

				Client	Claim	Authorization	Archive
D	M	M	O	Client	Provider	Date of Service	A
X							

1 2 3 4 5 6 7 8 9 10 ...

In the event you receive a red **X** and an open circle, click on the red **X** to obtain additional information.

Eligibility

Options

Work Space



	Client Name	Date of Service	Information Source
i		20110425	LAC DEPARTMENT OF MENTAL HEALTH
1			

Enroll Client

Provide Feedback

If the “Enroll Client” button is available, this means the client has not been previously enrolled in DMH. Click on the icon for more information and reason on the following screen.

Options Work Space Return	Not Eligible Information Source Received 2011-04-25 ID 953893470 Name LAC DEPARTMENT OF MENTAL HEALTH Client Information Name Birthdate Ineligibility Information Reason Subscriber/Insured Not Found
--	---

Eligibility	 
--------------------	---

If the reason is “Subscriber/Insured Not Found,” it is necessary to enroll the client. Click return to get back to the screen containing the “Enroll Client” button.

Eligibility

Options

Work Space

	Client Name	Date of Service	Information Source
1		20110425	LAC DEPARTMENT OF MENTAL HEALTH

Enroll Client

Provide Feedback

Click on the “Enroll Client” button to initiate the process.

The data on the screen is automatically populated from the data entered in the eligibility. All fields are required except *Income*, *Language* and *Ethnicity*. Always check the Medi-Cal box.

Once all the data is entered, click Continue.

Note:

- 1) For address, the information is required unless you entered it previously during the eligibility check. After client is enrolled, you do not have to enter address data for subsequent eligibility checks.
- 2) For Zip Code, it is required that you enter a 9-digit Zip Code. Please refer to the following link to enter your address and find out the last four digits of your 9-digit Zip Code: <http://www.unitedstateszipcodes.org>
- 3) Using the following format for the CIN field and SSN# field will help easily locate the client: CIN= 00000000A; SSN# = 000-00-0000.

The screen below denotes you are enrolling the client into the Managed Care Fund (MCF) which is the plan name in the IS.

Plan Name	Effective Date	Termination Date
MCF	04/13/2005	

If you need to change the effective date, then click the pencil icon to get to the screen shown below. If you do not need to change the effective date, then click the “Continue” button to proceed.

Update the information and save. Effective Date must be first date of service for this provider. Do not change any other information. After clicking “Save,” you are returned to the previous screen above which now shows the new enrollment date. Click “Continue.”

The next screen displays the information you entered. Please verify that all information is correct before clicking the “Submit Enrollment Request” button. If you made an error, return to the Work Space and repeat enrollment steps.

Enrollment Request

Options
Work Space

Client Plan

Enrollment Confirmation

Client Information

Name
Birthdate
Gender
Address
Phone

Employment Information

Status **Full-time**
Income

If all data entry is correct, click the "Submit Enrollment Request" button.

Submit Enrollment Request

Provide Feedback

Once complete, this will send you to the **Work Space**, where you need to complete another eligibility to make sure the enrollment request was processed.

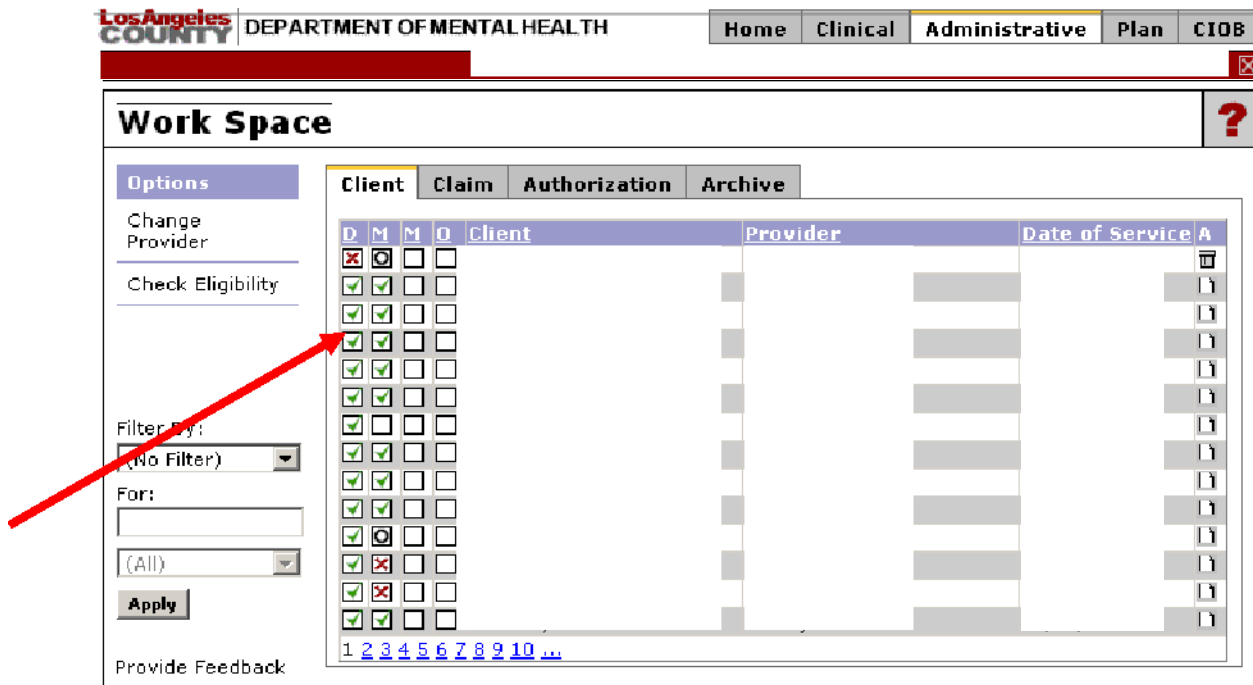
You will see one entry with a green check in D column and a circle. You will see another entry with 2 green checks. If you do not see an eligibility with two green checks, click the apply button until the two green checks appear. The eligibility with the two green checks is the only one that can be used in the “A” column for billing.

Updating Enrollment

Updating Enrollment

Once on the **Work Space**, click on one of the green checks next to the client for whom you want to update enrollment.

Note: For EDI submitters, you will only see a green check in the “D” column.



Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Work Space

Options

- Change Provider
- Check Eligibility

Filter By: (No Filter)

For: (All)

Apply

Provide Feedback

Client				Claim	Authorization	Archive	
D	M	M	O	Client	Provider	Date of Service	A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

1 2 3 4 5 6 7 8 9 10 ...

The following information will display for this client.

Eligibility



Options

Work Space

	Client Name	Date of Service	Information Source
i		20110406	MEDI-CAL
i		20110406	LAC DEPARTMENT OF MENTAL HEALTH
1			

Request Authorization

Update Enrollment

Provide Feedback

You can view the information from DMH and Medi-Cal prior to updating enrollment, if you choose. If not, you can click on “Update Enrollment.”

Once again, the information automatically populates according to the information that was entered during the eligibility check.

Enrollment Update - Client
?

Options

Work Space

Client

First Name
Date of Birth

Middle Name
Gender Male

Last Name
Phone

Address
SSN

State California
City LANCASTER

ZIP 93535

	Plan Name	Effective Date	Termination Date
1	MCF	07/01/2002	12/31/2020

Continue

Provide Feedback

If the plan information needs to be changed, click on the pencil to update the information.

Enrollment Update - Plan Detail
?

Options

Return

Plan Name MCF

Effective Date 07/01/2002

Termination Date 12/31/2020

Description Managed Care Fund

Enrollment Criteria Default payer for FFS provider match

Contact

Save

Provide Feedback

Click “Save” to return to the Enrollment Update - Client screen.

Enrollment Update - Client



Options

Work Space

Client

First Name Date of Birth
Middle Name Gender
Last Name Phone
Address SSN
City
State ZIP



	Plan Name	Effective Date	Termination Date
1	MCF	07/01/2002	12/31/2020

Continue

Provide Feedback

Once all information is verified, click “Continue.”

Enrollment Request



Options

Work Space

Client

Plan

Enrollment Confirmation

Client Information

Name

Birthdate

Gender

Address

Phone

Employment Information

Status **Full-time**

Income

If all data entry is correct, click the "Submit Enrollment Request" button.

Submit Enrollment Request

Provide Feedback

Verify that all information is correct before clicking the “Submit Enrollment Request” button.

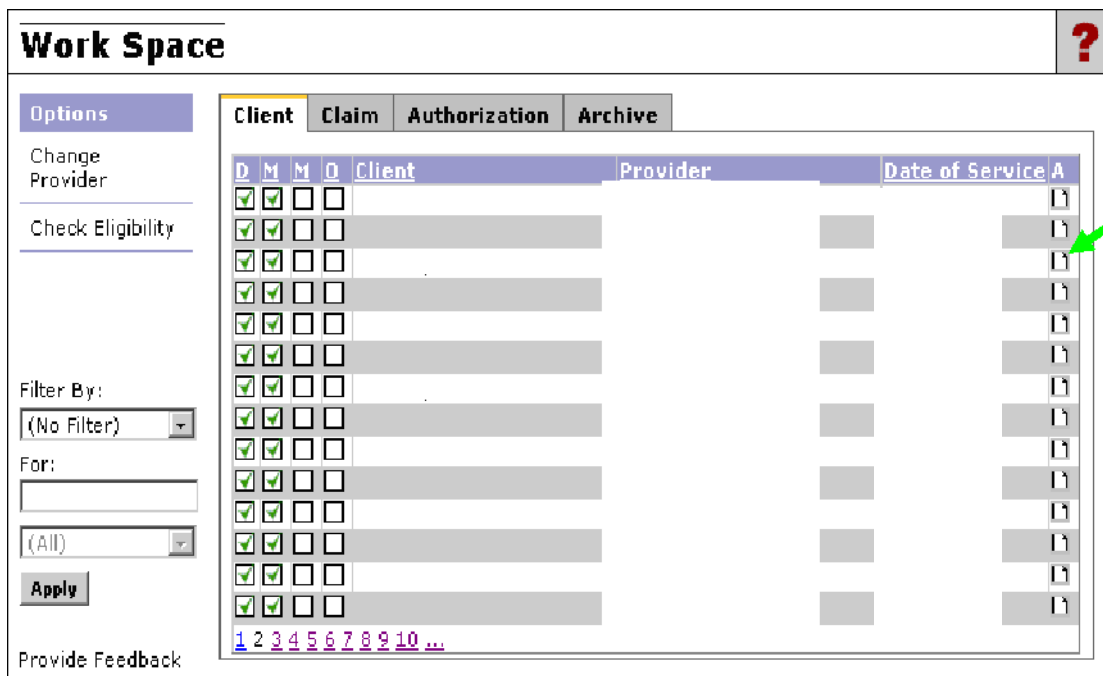
If all information is correct and you received two green checks on the eligibility, you are now ready to submit your claims for this client.

Claiming via Direct Data Entry

- **Submitting a Claim**
- **Claiming for Clients with Medi-Cal Only**
- **Claiming for Clients with Other Insurance**
- **Claiming for Clients with Medicare Advantage Plan (Also known as Medicare Risk HMO)**
- **Claiming for Clients with Authorization Number (OTAR, PTAR and TAR)**
- **Claiming for Clients with Medi-Cal Aid Code Restricted to Emergency Services**
- **Claiming for Clients with EPSDT Program**
- **Claiming for Clients with Medi-Cal Aid Code Restricted to Pregnancy Services**
- **Claiming for Clients with a Share of Cost**

Submitting a Claim


Now that you have completed your eligibility and received two green checks, you are now ready to submit your claim.



The screenshot shows a web application titled "Work Space" with a red question mark icon in the top right corner. On the left, there is a sidebar with the following options:

- Options
- Change Provider
- Check Eligibility
- Filter By: (No Filter) [dropdown]
- For: [text input]
- (All) [dropdown]
- Apply [button]
- Provide Feedback

The main content area has a tabbed interface with four tabs: "Client" (selected), "Claim", "Authorization", and "Archive". Below the tabs is a table with the following columns: "D", "M", "M", "D", "Client", "Provider", "Date of Service", and "A". The "D", "M", "M", and "D" columns contain green checkmarks. The "Client" column contains names, and the "Provider" column contains names. The "Date of Service" column contains dates. The "A" column contains document icons. A green arrow points to one of the document icons in the "A" column. At the bottom of the table, there is a pagination link: "1 2 3 4 5 6 7 8 9 10 ...".

To begin the claim submission process, you will need to click on the page icon  in the "A" column.

Select Claim Type ?

Options

Work Space

Request Authorization

Please select from one of these functions...

- Outpatient Services
- No Services Rendered
- Request Authorization
- Archive

Provide Feedback

Let's briefly discuss the functions displayed on this page.

- **Outpatient Services**
Allows you to submit your claims
- **No Services Rendered**
Allows you to denote services were not rendered on a date, which will then place the eligibility into Archive.
- **Request Authorization**
This function is not used. OTAR.NET is the system for providers to submit request(s) for over-threshold and psychological testing authorizations. For assistance, please contact Dr. Nathaniel Thomas at (213) 739-7332.
- **Archive**
This allows you to archive the eligibility check from your workspace.

Click on "Outpatient Services" to submit a claim.

*Claiming for
Clients with
Medi-Cal Only*

Claiming for Clients with Medi-Cal Only

If the client has straight Medi-Cal coverage only, enter the information in all required fields and click “No.”

Outpatient ClaimClient:?

Note: Client Amount Paid if applicable (See Share-of-Cost section)

PayerClientProviderAdvanced

Facility Type11 - Office

Client Amount Paid0.00☐ EPSDT☐ Emergent

Date of Service03/01/2005

Delay Reason(If Applicable)

Procedure CodeModifiers

Service Unit AmountService UnitMinutes

Submitted Charge Amount0.00

Diagnosis Codes

Are there any other sources of funding? Yes **No**

Cancel

Provide Feedback

Required Fields

- **Facility Type:** Select facility type where the services were rendered (e.g. 11, 21, 51)
- **Date of Service:** This is the date of service you entered on eligibility check. Change the date if this is not the date of service for which you are billing. If this is the second or more billing for the month, the entry will be the last date of service that was claimed. Change it to current claim date.
- **Delay Reason:** If applicable, enter an acceptable delay reason code.
- **Procedure Code:** The magnifying glass icon displays a list of codes from which you may select from or you may enter a procedure code directly in the field (e.g. 90832, 90834, 90847, etc.).
- **Service Unit Amount:** Enter the number of minutes you provided the service (e.g. 45, 60)
- **Service Unit:** Service Unit is always minutes – **do not change to units**
- **Submitted Charge Amount:** If you enter \$ amount, the system will add the decimal and 2 zeroes.
- **Diagnosis Codes:** The magnifying glass icon displays a list of ICD 9 and ICD 10 diagnosis codes from which you may select from or you may enter a diagnosis code directly in the field. Enter diagnosis codes without the decimal point.

Services Claim Confirmation
Client: John Doe

Options

Work Space

Services	Payer	Client	Provider	Advanced
<div> <div>Rendering Provider</div> <div>Name John Doe</div> <div>Claim Details</div> <div>Date 04/07/2005</div> <div>Claim ID</div> <div>Procedure 99999</div> <div>Rate 0.00</div> <div>Units 99</div> <div>Patient Paid 0.00</div> <div>Total 0.00</div> <div>Submitted</div> </div> <div> <div> <div> <div> <div>Submit Claim</div> </div> </div> </div> </div>				

Provide Feedback

If all data entry is correct, click the "Submit Claim" button.

Verify that all data on this screen is correct and click the “Submit Claim” button.
Your claim has now been submitted.

Return to Work Space and begin again.

Submit Additional Claim

Options

Work Space

Do you want to submit another claim for this client?

Yes No

If you have other dates of service in the same month, for the same client, you can click **“Yes”** and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter new eligibilities for the other months before you can submit claims for those months. Clicking **“No”** will return you to the **Work Space**.

When you click **“Yes”**, you will return to the screen which displays **“Date of Service”** as the last date you entered. Change this date to the date of service. The diagnosis code is carried forward from the last claim. If you made a diagnosis change, enter the correct information here.

*Claiming for Clients
with Other
Insurance*

Disclaimer:

If a client eligibility transaction reveals that the client has OHC, providers must bill the OHC before submitting a claim to Medi-Cal. If the claim is denied by the OHC, the provider must retain a copy of the denial letter that must include the coverage termination date or dates of service not covered. The documentation is to be retained for up to one year from the denial document date. If applicable, enter the OHC information by selecting “Yes” to the question “Are there any other sources of funding” located on the Administrative Module in the Outpatient Claim, Services Tab.

Claiming for Client with Other Insurance

If your client has other types of insurance such as Kaiser, Medicare, or other Private Insurance, follow the procedure below to submit claims.

Outpatient Claim Client: ?

Note: Client Amount Paid if applicable (See Share-of-Cost section)

PayerClientProviderAdvanced

Facility Type11 - Office

Client Amount Paid0.00

☐ EPSDT☐ Emergent

Date of Service03/01/2005

Delay Reason(If Applicable)

Procedure CodeModifiers

Service Unit AmountService UnitMinutes

Submitted Charge Amount0.00

Diagnosis Codes

Are there any other sources of funding?

YesNo

Cancel

Provide Feedback

Enter the information in all required fields and click “Yes” to enter the information for the other insurance carrier.

Required Fields

- **Facility Type:** Select facility type where the services were rendered (e.g. 11, 21, 51)
- **Date of Service:** This is the date of service you entered on eligibility check. Change the date if this is not the date of service for which you are billing. If this is the second or more billing for the month, the entry will be the last date of service that was claimed. Change it to current claim date.
- **Delay Reason:** If applicable, enter an acceptable delay reason code.
- **Procedure Code:** The magnifying glass icon displays a list of codes from which you may select from or you may enter a procedure code directly in the field (e.g. 90832, 90834, 90847, etc.).
- **Service Unit Amount:** Enter the number of minutes you provided the service (e.g. 45, 60)
- **Service Unit:** Service Unit is always minutes – **do not change to units**
- **Submitted Charge Amount:** If you enter \$ amount, the system will add the decimal and 2 zeroes.
- **Diagnosis Codes:** The magnifying glass icon displays a list of ICD 9 and ICD 10 diagnosis codes from which you may select from or you may enter a diagnosis code directly in the field. Enter diagnosis codes without the decimal point.

Outpatient Claim

Client:

?

Options

Work Space

Services

Payer

Client

Provider

Advanced

☒ Los Angeles County Department of Mental Health


Plan	Description	Authorization
MCF-01		
1		

☐ Other Payer
 Amt Pd
☐ Medicare
 Amt Pd
☒ Medi-Cal
 EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount
1			

Continue

Provide Feedback

Select the “Other Payer” indicator box and then select the blue  sign to enter the other health insurance information.

A message box will pop up stating:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

Services Claim - Outpatient - Insurance		?
<div>Options</div> <div>Return</div>		
Subscriber First Name	<input type="text"/>	
Subscriber Last Name	<input type="text"/>	
Subscriber ID	<input type="text"/>	
Insurance Company	Other Insurance <input type="button" value="v"/>	
Amount Paid	<input type="text" value="0.00"/>	
Authorization Number	<input type="text"/>	
<input checked="" type="checkbox"/> Client is Subscriber		
Relationship	Self <input type="button" value="v"/>	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
City	<input type="text"/>	
State	<input type="button" value="v"/>	Zip <input type="text"/>
		DOB <input type="text"/> Gender <input data-label="Unknown" type="button" value="v"/>
Provide Feedback		<input type="button" value="OK"/>

Enter the information that is applicable. If the other insurance carrier paid any amount of the claim, that information must be entered before you can submit the claim to Medi-Cal.

Note: It is required to bill the other insurance carrier before submitting a claim to Medi-Cal.

Subscriber ID – The ID provided by the Other Insurance. If the client has Medicare, it is the client’s Medicare ID, not Medi-Cal ID. If the client has private insurance (i.e. Kaiser), the Subscriber ID is the client’s Kaiser number.

Insurance Company – This is defaulted as “Other Insurance.” There are no other options this space remains as “Other Insurance.”

Authorization number – This is the number provided by the insurance carrier similar to when you run a Medi-Cal eligibility and the EVC number is provided.

“Client is Subscriber” – In most cases, the client is the subscriber. If so, ensure the box is checked and then continue.

Once all applicable information is entered, click “OK.”

The message box pops up again:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

Outpatient Claim

Client: John Doe
?

Options

Work Space

Services

Payer

Client

Provider

Advanced

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization
MCF-01		

1

☐ Other Payer Amt Pd 0.00
 ☐ Medicare Amt Pd 0.00
 ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount
John Doe	555555555	Other Insurance	0.00

1


Continue

Provide Feedback

The information you entered about the other insurance carrier can now be seen on this screen. Click on the “Other Payer” box and re-enter the amount paid. Verify the information and click “Continue.”

Note: If Medicare is the other insurance, make sure to select the Medicare box and enter the amount paid.

If the plan information needs to be changed, follow the instructions on the following page.

If you need to change the effective date, click the pencil icon. 

Outpatient Claim

Client: John Doe

Options

Work Space

Services



Payer

Client



Provider

Advanced

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization
 MCF-01		
1		

☐ Other Payer Amt Pd 0.00
 ☐ Medicare Amt Pd 0.00
 ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount
 John Doe	555555555	Other Insurance	0.00
			
1			

Continue

Provide Feedback

Enrollment Update - Plan Detail - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/AdministrativeWeb/834Update_ProgramDetail.a

County of Los Angeles [US]

File Edit View Favorites Tools Help

Enrollment Update

Los Angeles COUNTY

DEPARTMENT OF MENTAL HEALTH

[Home](#)
[Clinical](#)
[Administrative](#)
[Plan](#)
[CIOB](#)

Enrollment Update - Plan Detail

Options

Return

Plan Name

MCF

Effective Date

07/01/2002

Termination Date

12/31/2020

Description

Managed Care Fund

Enrollment Criteria

Default payer for FFS provider match

Contact

Save

Provide Feedback

“Effective date” must be the first date of service for this provider. Update the information and save. Do not change any other information.

After clicking “Save,” you are returned to the screen below which will show the new enrollment date within the area surrounded by the red circle. Click “Continue” to proceed.

Outpatient Claim

Client: John Doe

?

Options

Work Space

Services

Payer

Client

Provider

Advanced

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization
<input checked="" type="checkbox"/> MCF-01		

1

☐ Other Payer Amt Pd

☐ Medicare Amt Pd

☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount
John Doe	555555555	Other Insurance	0.00

1

Provide Feedback

Continue



Make sure this box is selected

Outpatient Claim		Client:		?		
Options		Services	Payer	Client	Provider	Advanced
Work Space		<div> <div>First Name</div> <div></div> </div> <div> <div>Middle Name</div> <div></div> </div> <div> <div>Last Name</div> <div></div> </div> <div> <div>Address</div> <div></div> </div> <div> <div>Address 2</div> <div></div> </div> <div> <div>City</div> <div>GARDENA</div> </div> <div> <div>State</div> <div>CA</div> <div>ZIP</div> <div>90249</div> </div> <div> <div>Medicare ID</div> <div></div> <div>Medi-Cal ID</div> <div></div> </div> <div> <div></div> <div>Medi-Cal RIN</div> <div></div> </div>				
Provide Feedback		Submit				

The client's information will automatically populate on this screen. If the client has Medicare coverage, make sure to enter the Medicare ID on this screen. Verify that the information is correct and click "Submit."

Services Claim Confirmation

Client: John Doe



Options

Work Space

ServicesPayerClientProviderAdvanced

Rendering Provider

Name John Doe

Claim Details

Date 04/07/2005

Claim ID

Procedure 99999

Rate 0.00

Units 99

Patient Paid 0.00

Total 0.00

Submitted

If all data entry is correct, click the "Submit Claim" button.

Submit Claim

Provide Feedback

Verify that all data on this screen is correct and click the “Submit Claim” button. Your claim has been submitted.

Return to Work Space and begin again.

Submit Additional Claim

Options

Work Space

Do you want to submit another claim for this client? Yes No

If you have other days of service in the same month for the same client, you can click **“Yes”** and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking **“No”** will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis change, put the correct information here.

*Claiming for Clients
with Medicare
Advantage Plan
(Medicare Risk HMO)*

What is Medicare Risk HMO?

Medicare Risk HMO refers to a prior payer who was a Medicare Advantage Plan (also known as Medicare Risk Health Maintenance Organization [HMO]). Medicare Risk HMOs are health insurance plans that administer the beneficiary's Medicare on behalf of the federal government. When submitting Medi-Cal claims that were previously adjudicated by another payer, providers must indicate to the State whether that payer was a Medicare Risk HMO or other type of payer. DDE providers will check the "Other Payer" box and indicate "MEDICAREHMO" as one word in the "Authorization Number" field in the IS.

Please Note: Only one Medicare Risk HMO Plan indicator is allowed per claim. If a claim has the Medicare Risk HMO Plan indicator, Medicare cannot be included as a payor in the claim.

Claiming for Clients with Medicare Advantage Plan (Medicare Risk HMO)

If your client has Medicare Advantage Plan, follow the procedure below to submit claims.

Outpatient Claim Client: ?

Options Work Space

Services Payer Client Provider Advanced

Facility Type: 11 - Office

Client Amount Paid: 0.00 ☐ EPSDT ☐ Emergent

Date of Service: 03/01/2005

Delay Reason: (If Applicable)

Procedure Code: Modifiers:

Service Unit Amount: Service Unit: Minutes

Submitted Charge Amount: 0.00

Diagnosis Codes:

Are there any other sources of funding? **Yes** No

Cancel

Provide Feedback

Enter the information in all required fields and click “Yes” to enter information for Medicare Risk HMO

Required Fields

- **Facility Type:** Select facility type where the services were rendered (e.g. 11, 21, 51)
- **Date of Service:** This is the date of service you entered on eligibility check. Change the date if this is not the date of service for which you are billing. If this is the second or more billing for the month, the entry will be the last date of service that was claimed. Change it to current claim date.
- **Delay Reason:** If applicable, enter an acceptable delay reason code.
- **Procedure Code:** The magnifying glass icon displays a list of codes from which you may select from or you may enter a procedure code directly in the field (e.g. 90832, 90834, 90847, etc.).
- **Service Unit Amount:** Enter the number of minutes you provided the service (e.g. 45, 60)
- **Service Unit:** Service Unit is always minutes – **do not change to units**
- **Submitted Charge Amount:** If you enter \$ amount, the system will add the decimal and 2 zeroes.
- **Diagnosis Codes:** The magnifying glass icon displays a list of ICD 9 and ICD 10 diagnosis codes from which you may select from or you may enter a diagnosis code directly in the field. Enter diagnosis codes without the decimal point.

Outpatient Claim

Client: ?

Options

Work Space

Provide Feedback

Services Payer Client Provider Advanced

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization
MCF-01		

1

☐ Other Payer Amt Pd 0.00
☐ Medicare Amt Pd 0.00
☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount

1

Continue

Select the “Other Payer” indicator box and then select the blue symbol to enter MEDICAREHMO information.

A message box will pop up stating:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

Subscriber First Name	<input type="text"/>
Subscriber Last Name	<input type="text"/>
Subscriber ID	<input type="text" value="123456789"/>
Insurance Company	<input type="text" value="Other1 Insurance"/> ▼
Amount Paid	<input type="text" value="5.00"/>
Authorization Number	<input type="text" value="MEDICAREHMO"/> X
<input checked="" type="checkbox"/> Client is Subscriber	
Relationship	<input type="text" value="Self"/> ▼
Address 1	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> ▼ Zip <input type="text"/>
DOB	<input type="text"/>
Gender	<input type="text" value="Unknown"/> ▼
<input type="button" value="OK"/>	

Enter the information that is applicable. If the other insurance carrier paid any amount of the claim, that information must be entered before you can submit the claim to Medi-Cal.

Note: It is required to bill the other insurance carrier before submitting a claim to Medi-Cal.

Subscriber ID – The ID provided by the Other Insurance. If the client has Medicare, it is the client’s Medicare ID, not Medi-Cal ID. If the client has private insurance (i.e. Kaiser), the Subscriber ID is the client’s Kaiser number.

Insurance Company – This is defaulted as “Other Insurance.” There are no other options this space remains as “Other Insurance.”


Authorization number – This is the number provided by the insurance carrier similar to when you run a Medi-Cal eligibility and the EVC number is provided.








“Client is Subscriber” – In most cases, the client is the subscriber. If so, ensure the box is checked and then continue.

Once all applicable information is entered, click “OK.”

The message box pops up again:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

The information you entered about the other insurance carrier can now be seen on this screen. If the client has another insurance, click on the  symbol to add the next Other Insurance following the steps above. If there is no other payer, select “Continue” to proceed.

Services	Payer	Client	Provider	Advanced
<input checked="" type="checkbox"/> Los Angeles County Department of Mental Health				
Plan	Description	Authorization		
 MCF-01				
1				
<input checked="" type="checkbox"/> Other Payer Amt Pd <input type="text" value="0.00"/> <input type="checkbox"/> Medicare Amt Pd <input type="text" value="0.00"/> <input checked="" type="checkbox"/> Medi-Cal EVC <input type="text"/>				
Subscriber Name	Subscriber ID	Insurance Company	Amount	
	123456789	Other1 Insurance	5.00	
	123456789	Other2 Insurance	0.00	
				
1				
				Continue

Verify that all data on this screen is correct and click the “Submit Claim” button. Your claim has been submitted.

*Claiming for Clients
with Authorization
Number (OTAR, PTAR
and TAR)*

Claiming for Clients with Authorization Number (OTAR, PTAR and TAR)

Over Threshold Authorization Request (OTAR) is required if the client will be seen more than eight (8) times during a trimester. Psychological Testing Authorization Request (PTAR) is required to perform psychological testing for clients. Treatment Authorization Request (TAR) is required when a client is seen in an inpatient hospital or inpatient psychiatric facility, with facility type 21 or 51.

The screenshot shows the 'Outpatient Claim' form. A red callout box on the left contains the text: 'Note: Client Amount Paid if applicable (See Share-of-Cost section)'. The form has tabs for 'Payer', 'Client', 'Provider', and 'Advanced'. The 'Advanced' tab is selected. Fields include: Facility Type (dropdown menu showing '11 - Office'), Client Amount Paid (text box with '0.00'), EPSDT (checkbox), Emergent (checkbox), Date of Service (text box with '03/01/2005'), Delay Reason (dropdown menu showing '(If Applicable)'), Procedure Code (text box with a magnifying glass icon), Modifiers (text box), Service Unit Amount (text box), Service Unit (dropdown menu showing 'Minutes'), Submitted Charge Amount (text box with '0.00'), and Diagnosis Codes (text box with a magnifying glass icon). At the bottom, there is a question 'Are there any other sources of funding?' with 'Yes' and 'No' radio buttons. The 'Yes' button is circled in green. A 'Cancel' button is at the bottom right. A 'Provide Feedback' link is at the bottom left.

Enter the information in all required fields and click “Yes” to enter the TAR information.

Required Fields

- **Facility Type:** Select facility type where the services were rendered (e.g. 11, 21, 51)
- **Date of Service:** This is the date of service you entered on eligibility check. Change the date if this is not the date of service for which you are billing. If this is the second or more billing for the month, the entry will be the last date of service that was claimed. Change it to current claim date.
- **Delay Reason:** If applicable, enter an acceptable delay reason code.
- **Procedure Code:** The magnifying glass icon displays a list of codes from which you may select from or you may enter a procedure code directly in the field (e.g. 90834, 96101, 99222, etc.).
- **Service Unit Amount:** Enter the number of minutes you provided the service (e.g. 45, 60)
- **Service Unit:** Service Unit is always minutes – **do not change to units**
- **Submitted Charge Amount:** If you enter \$ amount, the system will add the decimal and 2 zeroes.
- **Diagnosis Codes:** The magnifying glass icon displays a list of ICD 9 and ICD 10 diagnosis codes from which you may select from or you may enter a diagnosis code directly in the field. Enter diagnosis codes without the decimal point.

Outpatient Claim

Client: ?

Options

Work Space

Services

Payer

Client

Provider

Advanced

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization
MCF-01		

1

☐ Other Payer Amt Pd
☐ Medicare Amt Pd
☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount

1

Continue

Provide Feedback

To enter the authorization number, click on the pencil icon.

Services Claim - Outpatient - Plan

Client:

?

Options

Return

Plan

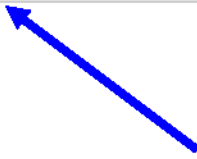
MCF

Plan Order

01

Description

Authorization Number



OK

Provide Feedback

On this screen, enter the OTAR, PTAR or TAR authorization number in the “Authorization Number” field. Although there is a pull-down associated with “Plan Order” you can leave it to the default shown on screen. Click “OK.”

Outpatient Claim

Client: ?

Options

Work Space

Services

Payer

Client

Provider

Advanced

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization	
MCF-01		9219999995	

1

☐ Other Payer Amt Pd
☐ Medicare Amt Pd
☒ Medi-Cal Evg

Subscriber Name	Subscriber ID	Insurance Company	Amount

1



Continue

Provide Feedback

As you can see, the authorization number has been displayed. Verify the authorization number is correct and then click “Continue” to proceed.

Services Claim Confirmation

Client: John Doe



Options

Work Space

Services	Payer	Client	Provider	Advanced
Rendering Provider				
Name John Doe				
Claim Details				
Date 04/07/2005				
Claim ID				
Procedure 99999				
Rate 0.00				
Units 99				
Patient Paid 0.00				
Total 0.00				
Submitted				

If all data entry is correct, click the "Submit Claim" button.

Submit Claim

Provide Feedback

Verify that all data on this screen is correct and click the “Submit Claim” button. Your claim has been submitted.

Return to Work Space and begin again.

Submit Additional Claim

Options

Work Space

Do you want to submit another claim for this client?

Yes No

If you have other days of service in the same month for the same client, you can click **“Yes”** and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking **“No”** will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis change, put the correct information here.

*Claiming for Clients
with Medi-Cal Aid
Code Restricted to
Emergency Services*

Claiming for Clients with Medi-Cal Aid Code Restricted to Emergency Services

Outpatient Claim Client: ?

Options **Services** **Payer** **Client** **Provider** **Advanced**

Work Space

Facility Type: 11 - Office

Client Amount Paid: 0.00 ☐ EPSDT ☐ Emergent

Date of Service: 03/01/2005

Delay Reason: (If Applicable)

Procedure Code: Modifiers:

Service Unit Amount: Service Unit: Minutes

Submitted Charge Amount: 0.00

Diagnosis Codes:

Are there any other sources of funding? Yes ☐ No ☒

Cancel

Provide Feedback

Enter the information in all required fields and click “No” for “Are there any other sources of funding?”



Required Fields

- **Facility Type:** Select facility type where the services were rendered (e.g. 11, 21, 51)
- **Date of Service:** This is the date of service you entered on eligibility check. Change the date if this is not the date of service for which you are billing. If this is the second or more billing for the month, the entry will be the last date of service that was claimed. Change it to current claim date.
- **Delay Reason:** If applicable, enter an acceptable delay reason code.
- **Procedure Code:** The magnifying glass icon displays a list of codes from which you may select from or you may enter a procedure code directly in the field (e.g. 90832, 90834, 908347 etc.).
- **Service Unit Amount:** Enter the number of minutes you provided the service (e.g. 45, 60)
- **Service Unit:** Service Unit is always minutes – **do not change to units**
- **Submitted Charge Amount:** If you enter \$ amount, the system will add the decimal and 2 zeroes.
- **Diagnosis Codes:** The magnifying glass icon displays a list of ICD 9 and ICD 10 diagnosis codes from which you may select from or you may enter a diagnosis code directly in the field. Enter diagnosis codes without the decimal point.

***To denote this client has emergency-only restricted Medi-Cal, check the “Emergent” box.**

Services Claim Confirmation

Client: John Doe



Options

Work Space

Provide Feedback

Services	Payer	Client	Provider	Advanced
Rendering Provider				
Name John Doe				
Claim Details				
Date 04/07/2005				
Claim ID				
Procedure 99999				
Rate 0.00				
Units 99				
Patient Paid 0.00				
Total 0.00				
Submitted				

If all data entry is correct, click the "Submit Claim" button.

Submit Claim

Verify that all data on this screen is correct and click the “Submit Claim” button. Your claim has been submitted.

Return to Work Space and begin again.

Submit Additional Claim

Options

Work Space

Do you want to submit another claim for this client?

Yes No

If you have other days of service in the same month for the same client, you can click **“Yes”** and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking **“No”** will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis change, put the correct information here.

*Claiming for Clients
with Early &
Periodic Screening
Diagnosis Treatment
(EPSDT)Program*

Claiming for Clients with EPSDT Program

Check aid codes on all children. All EPSDT codes for children 0-20 must be billed in this manner.

In order for a client to be classified as EPSDT, they must meet all 3 of the following criteria:

1. The aid code denotes the client is EPSDT eligible. The Aid Code Master Chart can be found on the Medi-Cal website at: <http://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>
2. The client has been screened and meets medical necessity criteria.
3. The client is Medi-Cal eligible and between the ages of 0- 20 years of age.

The screenshot shows the 'Outpatient Claim' form. The 'Advanced' tab is selected, showing fields for Facility Type (11 - Office), Client Amount Paid (0.00), Date of Service (03/01/2005), Delay Reason (If Applicable), Procedure Code, Service Unit Amount, Submitted Charge Amount (0.00), and Diagnosis Codes. There are checkboxes for EPSDT and Emergent. At the bottom, there is a question 'Are there any other sources of funding?' with 'Yes' and 'No' radio buttons. The 'Yes' button is circled in green. A red callout box on the right side of the form contains the text: 'Although there is an EPSDT checkbox, **DO NOT** click the box.'

Enter the information in all required fields and click “Yes” for “Are there any other sources of funding?”

Required Fields

- **Facility Type:** Select facility type where the services were rendered (e.g. 11, 21, 51)
- **Date of Service:** This is the date of service you entered on eligibility check. Change the date if this is not the date of service for which you are billing. If this is the second or more billing for the month, the entry will be the last date of service that was claimed. Change it to current claim date.
- **Delay Reason:** If applicable, enter an acceptable delay reason code.
- **Procedure Code:** The magnifying glass icon displays a list of codes from which you may select from or you may enter a procedure code directly in the field (e.g. 90832, 90834, 90847, etc.).
- **Service Unit Amount:** Enter the number of minutes you provided the service (e.g. 45, 60)

- **Service Unit:** Service Unit is always minutes – **do not change to units**
- **Submitted Charge Amount:** If you enter \$ amount, the system will add the decimal and 2 zeroes.
- **Diagnosis Codes:** The magnifying glass icon displays a list of ICD 9 and ICD 10 diagnosis codes from which you may select from or you may enter a diagnosis code directly in the field. Enter diagnosis codes without the decimal point.

On this screen, you will be able to enter the EPSDT information.

Options

Work Space

Services

Payer

Client

Provider

Advanced

Client:

?

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization
MCF-01		
1		

☐ Other Payer Amt Pd

☐ Medicare Amt Pd

☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount
1			

Provide Feedback

Continue

Select the “Other Payer” indicator box and then click the blue sign to enter the EPSDT information.

A message box pops up:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

On this screen, you will enter “**ETREF**” in the “**Subscriber ID**” field to identify EPSDT status.

Please Note: ETREF must be in all capital letters.

No other information needs to be entered on this page. Click “OK.”

Services Claim - Outpatient - Insurance ?


Options
Return

Subscriber First Name
Subscriber Last Name
Subscriber ID **ETREF**
Insurance Company Other Insurance
Amount Paid 0.00
Authorization Number
☒ Client is Subscriber
Relationship Self
Address 1
Address 2
City
State Zip
DOB
Gender Unknown
OK

Provide Feedback

The message box pops up again:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

On this screen, the EPSDT status will be seen next to the blue 

Outpatient Claim

Client:

?

Options

Work Space

Services



Payer

Client


Provider

Advanced

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization	
 MCF-01			
1			

☐ Other Payer Amt Pd ☐ Medicare Amt Pd ☒ Medi-Cal EVC

Subscriber Name	SUBSCRIBER ID	Insurance Company	Amount
			
1			



Continue

Provide Feedback

If all the information is correct on this page, click “Continue.”

Services Claim Confirmation

Client: John Doe



Options

Work Space

Provide Feedback

ServicesPayerClientProviderAdvanced

Rendering Provider

Name John Doe

Claim Details

Date 04/07/2005

Claim ID

Procedure 99999

Rate 0.00

Units 99

Patient Paid 0.00

Total 0.00

Submitted

If all data entry is correct, click the "Submit Claim" button.

Submit Claim

Verify that all the data on this screen is correct and click the “Submit Claim” button.
Your claim has been submitted.

Return to Work Space and begin again.

Submit Additional Claim

Options

Work Space

Do you want to submit another claim for this client?

Yes No

If you have other days of service in the same month for the same client, you can click **“Yes”** and continue submitting claims. You will have to repeat the entire EPSDT process for each claim date. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking **“No”** will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis code change, put the correct information here.

*Claiming for Clients
with
Medi-Cal Aid Code
Restricted to
Pregnancy Services*

Claiming for Clients with Medi-Cal Aid Code Restricted to Pregnancy Services

Outpatient ClaimClient:?

Options
Work Space

Services**Payer****Client****Provider****Advanced**

Facility Type11 - Office

Client Amount Paid0.00☐ EPSDT☐ Emergent

Date of Service03/01/2005

Delay Reason(If Applicable)

Procedure CodeModifiers

Service Unit AmountService UnitMinutes

Submitted Charge Amount0.00

Diagnosis Codes

Are there any other sources of funding☒ Yes☐ No

Cancel

Provide Feedback

Enter the information in all required fields and select “Yes” for “Are there any other sources of funding?”

Required Fields

- **Facility Type:** Select facility type where the services were rendered (e.g. 11, 21, 51)
- **Date of Service:** This is the date of service you entered on eligibility check. Change the date if this is not the date of service for which you are billing. If this is the second or more billing for the month, the entry will be the last date of service that was claimed. Change it to current claim date.
- **Delay Reason:** If applicable, enter an acceptable delay reason code.
- **Procedure Code:** The magnifying glass icon displays a list of codes from which you may select from or you may enter a procedure code directly in the field (e.g. 90832, 90834, 90847, etc.).
- **Service Unit Amount:** Enter the number of minutes you provided the service (e.g. 45, 60)
- **Service Unit:** Service Unit is always minutes – **do not change to units**
- **Submitted Charge Amount:** If you enter \$ amount, the system will add the decimal and 2 zeroes.
- **Diagnosis Codes:** The magnifying glass icon displays a list of ICD 9 and ICD 10 diagnosis codes from which you may select from or you may enter a diagnosis code directly in the field. Enter diagnosis codes without the decimal point.

On this screen, you will be able to enter the Pregnancy information.

Outpatient Claim

Client:

?

Options

Work Space

Services

Payer

Client

Provider

Advanced


☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization
<div><div></div>MCF-01</div>		
1		

☐ Other Payer Amt Pd ☐ Medicare Amt Pd ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount
<div><div></div></div>			
1			

Continue

Select the “Other Payer” indicator box and then click the blue  sign to enter the Pregnancy information.

On this screen, you will enter “**PG**” in the “**Subscriber ID**” field to identify Pregnancy status.

Please Note: PG must be in all capital letters.

No other information needs to be entered on this page. Click “OK.”

Services Claim - Outpatient - Insurance ?

Options
Return

Subscriber First Name
Subscriber Last Name
Subscriber ID **PG**
Insurance Company Other Insurance
Amount Paid 0.00
Authorization Number
☒ Client is Subscriber
Relationship Self
Address 1
Address 2
City
State Zip
DOB
Gender Unknown
OK

Provide Feedback

The message box pops up again:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

On this screen, the Pregnancy status will be seen next to the blue +

Outpatient ClaimClient:?

Options
Work Space

Services**Payer****Client****Provider****Advanced**

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization
MCF-01		
1		

☐ Other Payer Amt Pd ☐ Medicare Amt Pd ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount
1			



Continue

Provide Feedback

Click “Continue.”

Services Claim Confirmation

Client: John Doe



Options

Work Space

Services

Payer

Client

Provider

Advanced

Rendering Provider

Name John Doe

Claim Details

Date 04/07/2005

Claim ID

Procedure 99999

Rate 0.00

Units 99

Patient Paid 0.00

Total 0.00

Submitted

If all data entry is correct, click the "Submit Claim" button.

Submit Claim

Provide Feedback

Verify that all the data on this screen is correct and click the “Submit Claim” button.
Your claim has been submitted.

Return to Work Space and begin again.

Submit Additional Claim

Options

Work Space

Do you want to submit another claim for this client?

Yes No

If you have other days of service in the same month for the same client, you can click **“Yes”** and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking **“No”** will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis change, put the correct information here.

*Claiming for Clients
with a Share of Cost*

Claiming for Clients with Share of Cost

Outpatient Claim Client: ?

Options
Work Space

Services Payer Client Provider Advanced

Facility Type 11 - Office

Client Amount Paid 0.00 ☐ EPSDT ☐ Emergent

Date of Service 03/01/2005

Delay Reason (If Applicable)

Procedure Code Modifiers

Service Unit Amount Service Unit Minutes

Submitted Charge Amount 0.00

Diagnosis Codes

Are there any other sources of funding? Yes **No**

Cancel

Provide Feedback



Enter the information in all required fields and select “No” for “Are there any other sources of funding?” **Be sure to clear the Share of Cost and enter the amount in the Client Amount Paid field** (Enter the amount the Client paid, which would be the Share of Cost amount).

Required Fields

- **Facility Type:** Select facility type where the services were rendered (e.g. 11, 21, 51)
- **Date of Service:** This is the date of service you entered on eligibility check. Change the date if this is not the date of service for which you are billing. If this is the second or more billing for the month, the entry will be the last date of service that was claimed. Change it to current claim date.
- **Delay Reason:** If applicable, enter an acceptable delay reason code.
- **Procedure Code:** The magnifying glass icon displays a list of codes from which you may select from or you may enter a procedure code directly in the field (e.g. 90832, 90834, 90837, etc.).
- **Service Unit Amount:** Enter the number of minutes you provided the service (e.g. 45, 60)
- **Service Unit:** Service Unit is always minutes – **do not change to units**
- **Submitted Charge Amount:** If you enter \$ amount, the system will add the decimal and 2 zeroes.
- **Diagnosis Codes:** The magnifying glass icon displays a list of ICD 9 and ICD 10 diagnosis codes from which you may select from or you may enter a diagnosis code directly in the field. Enter diagnosis codes without the decimal point.

Services Claim Confirmation

Client: John Doe



Options

Work Space

Services

Payer

Client

Provider

Advanced

Rendering Provider

Name John Doe

Claim Details

Date 04/07/2005

Claim ID

Procedure 99999

Rate 0.00

Units 99

Patient Paid 0.00


Total 0.00

Submitted

If all data entry is correct, click the "Submit Claim" button.

Submit Claim

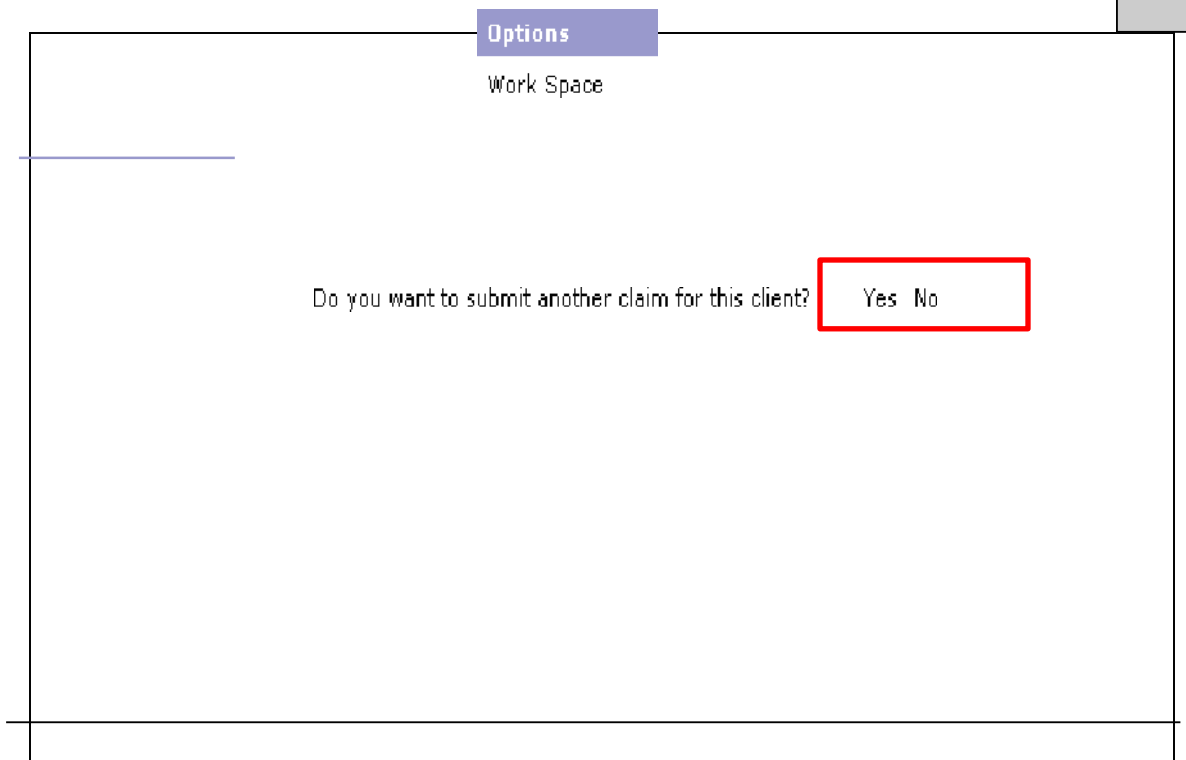
Provide Feedback



Verify that all data on this screen is correct and click the “Submit Claim” button. Your claim has been submitted.

Return to Work Space and begin again.

Submit Additional Claim



Options

Work Space

Do you want to submit another claim for this client? Yes No

If you have other days of service in the same month for the same client, you can click **“Yes”** and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking **“No”** will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis change, put the correct information here.


You have now completed the eligibility and claim submission process.


Archiving

Archiving Eligibility Checks

In order to keep a manageable list on either the Client or the Claims tabs, you can archive eligibility checks (that are not associated with a claim) and archive claims by clicking to move the claim transaction record to the Archive tab. For example, if you entered an eligibility for a patient for April 03, 2015 and the eligibility was supposed to be for May 03, 2015, the Archive function allows you to take this mistake off the Client tab.

Note: For EDI submitters, the client tab will only show a green check in the “D” column.














On the Client tab, you will need to click on the  in the A column.

Work Space 

Options
[Change Provider](#)
[Check Eligibility](#)

Filter By:
(No Filter)
For:
(All)
[Apply](#)
[Provide Feedback](#)

Client Claim Authorization Archive

D	M	M	O	Client	Provider	Date of Service	A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

1 2 3 4 5 6 7 8 9 10 ...

On this page, you will select “No Services Rendered.”

Select Claim Type

Options

- Work Space
- Request Authorization

[Provide Feedback](#)

Please select from one of these functions...

- Outpatient Services
- No Services Rendered
- Request Authorization
- Archive

The following screen will appear. Enter a reason why the eligibility was archived.

This will send the information to the Archive tab.

Reason For No Claim



Options

Work Space

Provide Feedback

Client

☐ No Show

Time Stamp: 5/27/2011 11:33:50 AM

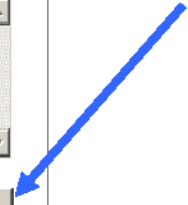
☐ Left without being seen.

User:

☐ Other

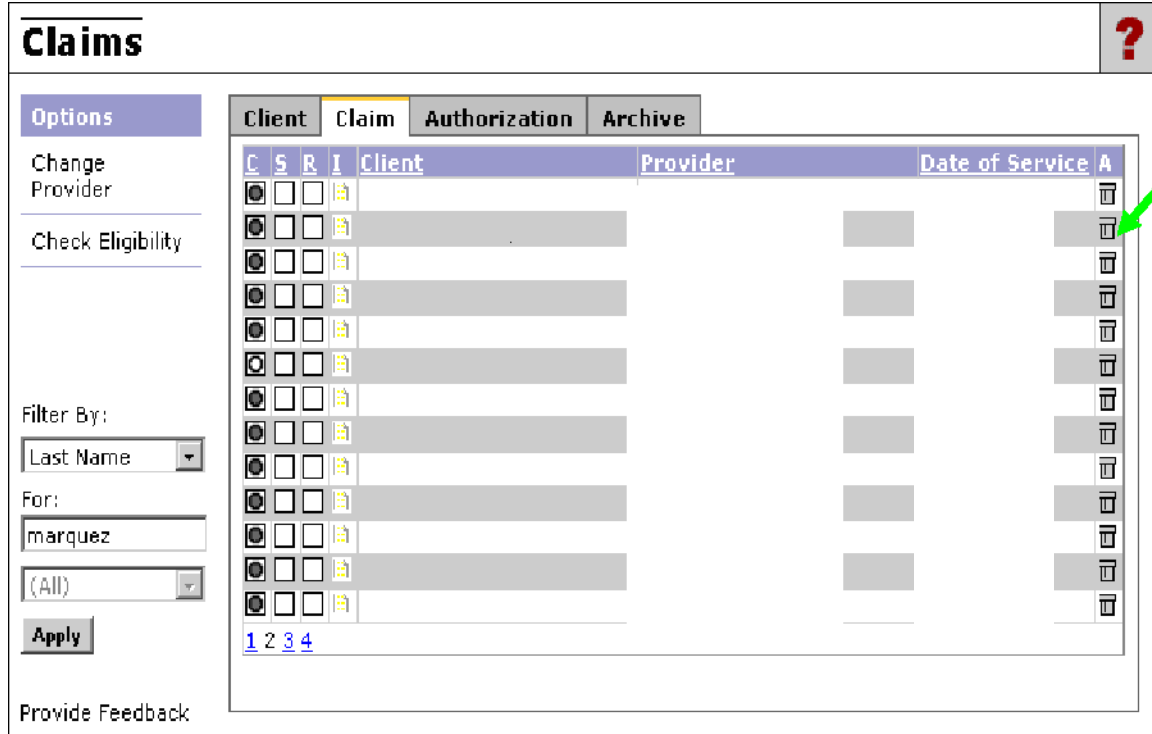
Notes:

Submit



Archiving Claims

On the Claim tab, you need to select the icon in the A column that looks like a trash can.



The screenshot shows the 'Claims' application interface. On the left is a sidebar with 'Options' (Change Provider, Check Eligibility), a 'Filter By' section (Last Name, For: marquez, (All)), an 'Apply' button, and a 'Provide Feedback' link. The main area has tabs for 'Client', 'Claim' (selected), 'Authorization', and 'Archive'. Below the tabs is a table with columns: C, S, R, I, Client, Provider, Date of Service, and A. The 'A' column contains trash can icons. A green arrow points to the trash can icon in the second row of the table. At the bottom of the table are page numbers 1, 2, 3, 4.

C	S	R	I	Client	Provider	Date of Service	A
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

Once you click the trash can, the claim will immediately be sent to the Archive tab.

The Archive Tab

The archive tab contains the transactions that have been archived from both the **Client** (eligibility checks) and **Claim** (claims that have been sent) tabs.

The screenshot shows a web application interface. On the left is a sidebar with a purple header 'Options' containing two links: 'Change Provider' and 'Check Eligibility'. Below the sidebar is a 'Provide Feedback' link. The main content area has a tabbed interface with four tabs: 'Client', 'Claim', 'Authorization', and 'Archive'. The 'Archive' tab is selected and highlighted. Inside the 'Archive' tab, there is a single item labeled '+ Archive' with a plus icon to its left.

Archive




Click on the + sign to show what information has been archived by month.

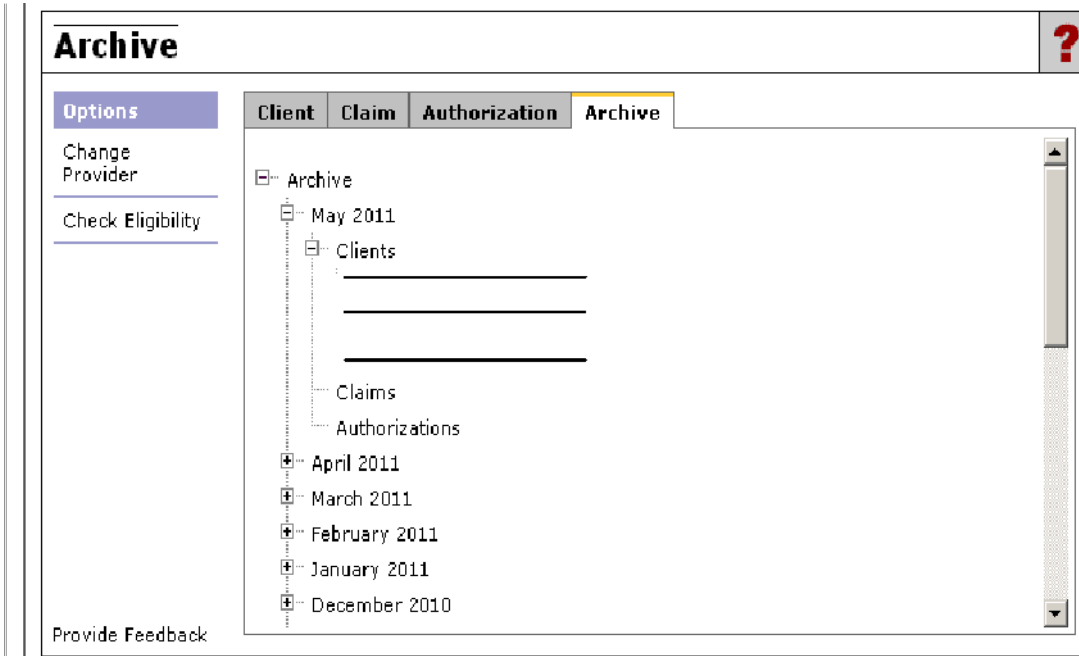
This screenshot shows the same interface as the previous one, but with the '+ Archive' item expanded. It reveals a tree view of archived data organized by month. The months listed are May 2011, April 2011, March 2011, February 2011, January 2011, December 2010, November 2010, October 2010, and September 2010. Each month has a plus icon to its left, indicating it can be further expanded. Under 'May 2011', there are three sub-items: 'Clients', 'Claims', and 'Authorizations', each also with a plus icon. The sidebar and 'Provide Feedback' link remain the same.

Archive



On this page, you will be able to see if you have eligibility checks or claims archived for that month. A + sign denotes there is information available for that area.

Once you click on the  sign, all information archived for the month and area will be available for you to view by client name and date of service.



Archive ?

Options

- Change Provider
- Check Eligibility

Client **Claim** **Authorization** **Archive**

- Archive
 - May 2011
 - Clients
 -
 -
 -
 - Claims
 - Authorizations
 - April 2011
 - March 2011
 - February 2011
 - January 2011
 - December 2010

Provide Feedback

In this example, each line under “Clients” represents an eligibility check which was archived. Also note there were no claims archived.

Click on the desired transaction to restore that transaction to the appropriate functional area. For example, clicking on a transaction under client will restore it to the client tab.

Once restored, the transaction can be located and reviewed.

This completes your overview of the claiming process.

Checking Claim Status

Once you have completed your claim submission, you will automatically be routed to the Work Space. From here, you will need to click on the Claim tab to begin checking the status of your claims.

Work Space

?

Options

Change Provider

Check Eligibility

Filter By:
(No Filter)

For:

(All)

Apply

Provide Feedback

Client

Claim

Authorization

Archive

D	M	M	D	Client	Provider	Date of Service	A
1							

The Claims Tab

This page will allow you to determine if your claim has been submitted for processing. An open circle (see the green arrow) denotes that the claim has not been completed and not sent for processing. A closed circle (see the red arrow) denotes the claim has been completed and sent for processing.

If the circle is open, select the open circle to input the missing information. However, if a backwards K is revealed, contact Provider Relations as a processing error may have occurred.

To get a more detailed status report, you must run IS reports from the “Reports” link on the Home module. Below is a list of reports you may run for claim status information.

IS702 – State Denial Claims Report

Gives explanation as to why the claims were denied by the State

IS704 – Claim Status Detail Report

Details the statuses of all claims submitted and their denial reason

IS707 – Claim Status Detail Report (Exportable)

Details the statuses of all claims submitted and their denial reasons in Microsoft Excel format

If you need assistance with these reports, please contact the Provider Relations Unit at (213) 738-3311.

Claims Payment Reports

Accessing the Internet Reports for Checks with 9-Digit Sequence Numbers

1. Open your Internet Browser and enter the following website in your address bar: <http://lacdmh.lacounty.gov/hipaa/index.html> ; press Enter



The screenshot shows the homepage of the Integrated System website. At the top, there is a banner with the text "Integrated System" and the tagline "To Enrich Lives Through Effective and Caring Service". Below the banner is a navigation bar with four links: "IS HOME", "DIRECTLY OPERATED CLINICS", "FEE-FOR-SERVICE PROVIDERS", and "CONTRACT PROVIDERS". The main content area is divided into two columns. The left column has a "Site News" section with a left arrow and a "IS Top Downloads" section with a list of links: "Head of Service Directory - Alpha", "Head of Service Directory - Num", "Provider Directory", "MHMIS Error Codes List", "Procedure Codes Manual", "The IS Codes Manual v5.2", and "Who to Contact?". The right column has a "Welcome to the Integrated System Website" section with a right arrow, followed by a paragraph describing the system as the Department of Mental Health's secure, web-based information system designed to comply with HIPAA and improve service delivery. Below this is a "Help Desk" section with the phone number "213-351-1335" and the text "Available M-F, 7:30 AM to 5:00 PM After-hours, call ISD Support Line at 562-940-0617". At the bottom of the right column, it states "Integrated System Hours of Operation are 6:45 AM to Midnight, Daily".

Integrated System
To Enrich Lives Through Effective and Caring Service

IS HOME **DIRECTLY OPERATED CLINICS** **FEE-FOR-SERVICE PROVIDERS** **CONTRACT PROVIDERS**

Site News ← → **Welcome to the Integrated System Website**

IS Top Downloads

[Head of Service Directory - Alpha](#)
[Head of Service Directory - Num](#)
[Provider Directory](#)
[MHMIS Error Codes List](#)
[Procedure Codes Manual](#)
[The IS Codes Manual v5.2](#)
[Who to Contact?](#)

The Integrated System is the Department of Mental Health's secure, web-based information system designed to comply with HIPAA and improve service delivery.

Help Desk: 213-351-1335 Available M-F, 7:30 AM to 5:00 PM After-hours, call ISD Support Line at 562-940-0617

Integrated System Hours of Operation are 6:45 AM to Midnight, Daily

2. Select “Fee-For-Service Providers.”



The screenshot shows the homepage of the Integrated System. The header features the logo "Integrated System" with the tagline "To Enrich Lives Through Effective and Caring Service". Below the header is a navigation bar with four links: "IS HOME", "DIRECTLY OPERATED CLINICS", "FEE-FOR-SERVICE PROVIDERS" (which is circled in red), and "CONTRACT PROVIDERS". The main content area is divided into two columns. The left column, titled "Working in the IS ←", contains a list of links: [Special Bulletins!](#), [Getting Started on the IS](#), [Getting IS Training](#), [Using the IS](#), [Using IS Reports](#), [Handling Denied Claims](#), and [IS Forms](#). The right column, titled "→ Welcome, Fee For Service Providers!", contains a paragraph of text: "For information on how to become a Fee-for-Service Provider, please [click here](#)". Below this is a bold instruction: "Click on the words **Integrated System** at the top of this page to access the **IS** through the Internet". At the bottom of the right column is a paragraph about the "Provider Support Office" and its services.

Integrated System
To Enrich Lives Through Effective and Caring Service

IS HOME DIRECTLY OPERATED CLINICS **FEE-FOR-SERVICE PROVIDERS** CONTRACT PROVIDERS

Working in the IS ← → Welcome, Fee For Service Providers!

[Special Bulletins!](#)
[Getting Started on the IS](#)
[Getting IS Training](#)
[Using the IS](#)
[Using IS Reports](#)
[Handling Denied Claims](#)
[IS Forms](#)

For information on how to become a Fee-for-Service Provider, please [click here](#)

Click on the words **Integrated System at the top of this page to access the **IS** through the Internet**

Provider Support Office is the first point of contact to assist you with resolving issues related to applying for Direct Data Entry (DDE) and Electronic Data Interchange (EDI) via the Integrated System (IS); DDE/EDI forms completion assistance; electronic claims research and information; procedure and diagnosis codes; becoming a Fee-For-Service (FFS) Provider; re-credentialing; provider materials; over-threshold authorization; provider rates; Reports; care coordination; access to services; referral assistance; Language Directory; FFS Provider Manual and Bulletins; Out-of-County Provider Services; FFS Clinical Records/Documentation Standards; Consent Standards;

3. The following page is where you will find the Internet Reports link. On the far left side of the page, there is a menu list of links. Click on the “[Internet Reports \(Providers\)](#)” link. This is where you will find the reports for the current checks with the 9-digit sequence numbers such as 15-0000087.

IS HOME **DIRECTLY OPERATED CLINICS** **FEE-FOR-SERVICE PROVIDERS** **CONTRACT PROVIDERS**

Working in the IS ← → Welcome, Fee For Service Providers!



[Special Bulletins!](#)
[Getting Started on the IS](#)
[Getting IS Training](#)
[Using the IS](#)
[Using IS Reports](#)
[Handling Denied Claims](#)
[IS Forms](#)
[Getting Help with the IS](#)
[Links](#)
[EDI/Secure File Transfer](#)
[IBHIS](#)
[Internet Reports \(Providers\)](#)

For information on how to become a Fee-for-Service Provider, please [click here](#)

Click on the words **Integrated System** at the top of this page to access the IS through the Internet

Provider Support Office is the first point of contact to assist you with resolving issues related to applying for Direct Data Entry (DDE) and Electronic Data Interchange (EDI) via the Integrated System (IS); DDE/EDI forms completion assistance; electronic claims research and information; procedure and diagnosis codes; becoming a Fee-For-Service (FFS) Provider; re-credentialing; provider materials; over-threshold authorization; provider rates; Reports; care coordination; access to services; referral assistance; Language Directory; FFS Provider Manual and Bulletins; Out-of-County Provider Services; FFS Clinical Records/Documentation Standards; Consent Standards; Provider Responsibilities for Beneficiary Materials; obtaining forms; Service Dispute Resolution Process; and any other FFS Local Mental Health Plan issues. **Provider Support Office can be reached at (213) 738-3311.**

DMH Help Desk is the first point of contact to provide assistance with EDI/SFT (Secure File Transfer) transactions, Secure ID Cards, first-time DDE log-on assistance, system access/non-response difficulties, DDE roles updates/revisions, EDI/SFT testing and any other technical questions. **DMH Help Desk can be reached at (213) 351-1335.**

 **Los Angeles County**
Logon ID and Passcode Request
(RSA Authentication Manager 6.1) 

Access to this protected resource requires RSA SecurID Token authentication.

These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse actions. Unauthorized users may be subject to criminal prosecution. **By continuing, you agree to these terms.**

Logon ID:

Passcode:
Your Passcode is your PIN + the number displayed on your token (the Tokencode).

YOU MUST THEN ESTABLISH A NEW PIN ABOVE...

4. In order to have access to these reports, you must have two sets of usernames and passwords.
 - a) For the first log-in screen, you will enter the same information you would enter to access the IS reports, submit eligibilities and claiming.
 - b) For the second log-in, you will need to contact the HelpDesk at (213) 351-1335.
 - Tell the HelpDesk you have your SecurID card and need your username and password for access to the Internet Reports.
5. Once you have all your username and password information, you will be able to access your reports.
6. The two Internet Reports available are:
 - a) **Processed Claims Summary Report (CIOB705A)**
 - A listing of checks with sequence numbers received by the Provider
 - b) **Claims Reconciliation Report (CIOB706A)**
 - A listing of claims forwarded to the State and denied by the State per sequence number